PrEParing Asia: A Year After
An Overview of Country-level Progresses on the Introduction of PrEP to MSM a Year after the APCOM-led Asia-Pacific Regional Consultation on the New HIV Prevention Tool
Acknowledgements:

Report: PrEParing Asia, One Year After
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Report:

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# Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>CC</td>
<td>Country Consultations</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Co-ordinating Mechanisms</td>
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<tr>
<td>CDC</td>
<td>Center for Disease Control</td>
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<tr>
<td>DOH</td>
<td>Department of Health</td>
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<tr>
<td>FHI 360</td>
<td>Family Health International</td>
</tr>
<tr>
<td>HCMC</td>
<td>Ho Chi Minh City</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IHP</td>
<td>ISEAN-Hivos Programme</td>
</tr>
<tr>
<td>KAP</td>
<td>Key Affected Populations</td>
</tr>
<tr>
<td>KL</td>
<td>Kuala Lumpur</td>
</tr>
<tr>
<td>LaoPHA</td>
<td>Lao Positive Health Association</td>
</tr>
<tr>
<td>LGBTQI</td>
<td>Lesbian, Gay, Bisexual, Transgender, Queer and Intersex</td>
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<tr>
<td>MAC</td>
<td>Malaysian AIDS Council</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSM</td>
<td>Men Who Have Sex With Men</td>
</tr>
<tr>
<td>NACO</td>
<td>National AIDS Control Organisation (India)</td>
</tr>
<tr>
<td>NIS</td>
<td>National Insurance Scheme</td>
</tr>
<tr>
<td>NCHADS</td>
<td>National Center for HIV/AIDS (Cambodia)</td>
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<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<tr>
<td>PBS</td>
<td>Pharmaceutical Benefits Scheme</td>
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<tr>
<td>PEDA</td>
<td>Population Education Development Association</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PrEP</td>
<td>Pre-Exposure Prophylaxis</td>
</tr>
<tr>
<td>PWID</td>
<td>People Who Inject Drugs</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmissible Infection</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Workers</td>
</tr>
<tr>
<td>TG</td>
<td>Transgender</td>
</tr>
<tr>
<td>TGA</td>
<td>Therapeutic Goods Administration</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>YMSM</td>
<td>Young Men Who Have Sex With Men</td>
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1. Introduction

In September 2015, APCOM organized a community-led regional consultation, PrEParing Asia, to discuss with its partners the potential strategies of introducing Pre-Exposure Prophylaxis (PrEP) as a new tool for HIV prevention within the Asia and Pacific region. Since the consultation, 8 countries have created next-step plans for the introduction of PrEP within their respective country contexts. This report outlines the activities that have been ongoing within those eight countries, while also documenting the steps taken in several additional countries within the region. Aside from detailing the steps taken by APCOM’s partners, the report also highlights APCOM’s own PrEP related work over the past 12 months. Within the context of this review, the report seeks to highlight both the successes and challenges encountered thus far along the road to making PrEP an accessible and affordable HIV prevention option within Asia. Aside from reviewing the past year’s progress, the document also offers case study based recommendations to assist partners in devising their own forms of strategic advocacy.

2. Background

In September 2015, APCOM and its partners hosted a regional community-centred consultation in Bangkok, titled: PrEParing Asia: A new direction for HIV prevention among MSM in Asia. The objectives of the consultation were broadly formulated, but included the following key objectives:

- Increasing understanding surrounding the science and practice of PrEP (pre-exposure prophylaxis)
- Building capacity to promote PrEP as an additional prevention tool for men who have sex with men (MSM)
- Exploring opportunities to roll out PrEP in selected countries
- Building consensus among the stakeholders in attendance to formulate a set of common PrEP messages

1. Including the Civil Society Organisations (CSOs), Community-Based Organisations (CBOs), Non Government Organisations (NGOs), UN Agencies, and other technical agencies.
2. Background (continued)

In total, 129 participants from 23 countries attended the meeting. The meeting demonstrated how Asian MSM communities can lead the way in programme innovations and implementing new and effective tools for HIV prevention. The discussions in the consultation drew upon lessons learned from pilot projects across the region. MSM community and service organisations are already actively supporting PrEP roll-outs in countries like Indonesia, the Philippines, Thailand and Vietnam.

The experiences shared from these pilot projects highlight the indispensible role that communities and community leaders can play in terms of the shaping HIV services and response. Dr Rachel Clare Baggaley, Coordinator of HIV Key population & innovative prevention (KPP) of the World Health Organization attested to this, giving a strong key message:

“APCOM’s PrEParing Asia meeting underscored the continuing importance of communities in the HIV response. For PrEP to be accessible and successfully implemented in the region, the central role of communities will be key: providing information, raising awareness, creating demand, supporting delivery and adherence, and working in partnership with providers to make services inclusive, acceptable and effective.”

As a result of the consultation, there has been an increased interest in PrEP throughout the region. Dr. Stephen Mills, Asia Pacific Technical Director of FHI 360 reported:

“The consultation quickly stimulated interest in PrEP in numerous countries. Within weeks of the consultation, FHI 360 received requests from several countries asking how they could start PrEP.”

After the release of the consultation report, we observed a second wave of increased interest across the region. Since the surge in interest, APCOM, along with its technical and community partners, have been providing technical assistance to community advocates, HIV policy makers, program planners, community representatives, and health workers. As a result, APCOM has become a “go-to” organisation in the region, leading by example and collaborating extensively with partners to stimulate community-led and informed PrEP consultations and dialogues across the region. The remainder of this report seeks to detail the results of these collaborative discussions and capacity building activities, while also suggesting a direction for future action.
3. One Year After

A Country Level Follow-Up Since the Consultation

The consultation laid out advocacy and roll-out strategies, including specific roll-out action plans for eight countries. As a direct result of the consultation, there are now more resources and guidance tools available to assist countries in adding PrEP to their National HIV Strategies.

Roll-out action plans were formulated for China, Hong Kong SAR, India, Indonesia, Lao PDR, Malaysia, Thailand and The Philippines. Although each of these countries is at a different stage in terms of the introduction process, they are all following a similar strategy in terms of their PrEP advocacy, within which the focus is to sensitise key stakeholders to PrEP and to create an awareness of what PrEP could mean within the context of the fight against HIV and AIDS.

The first step in most countries has been to organise multi-sectorial community-based consultations, similar to the regional consultation, but on a national level. These consultations have increased awareness and readiness for PrEP among policy makers, health professionals and MSM themselves. Simultaneously the consultations have provided a forum to explore collaborations and discuss ways to overcome barriers.

All countries within the region have reported similar barriers towards the introduction of PrEP, generally relating to a lack of political will, low community awareness, lack of financing, and the low availability of the drug itself. However, some countries have started pilot projects, which have already begun to demonstrate the opportunities PrEP can provide in terms of both expanding and diversifying HIV programming and the prevention packages available to MSM and TG people.

The results from these pilot projects will be crucial in forming the evidence base necessary to scale up the provision of PrEP to the national level within countries where pilot projects have been successfully implemented. Additionally, this knowledge can and should be made available throughout the region, in an effort to create new synergies and help other parts of the region move forward with the implementation of their pilots and scale-ups. Given the misconceptions, false assumptions, and persistent prevalence of false information surrounding PrEP, the national and regional scale-up is likely to be a lengthy process. It will take time in order to secure national government backing and to have PrEP become covered within national insurance schemes. To steer these PrEP acceptance and approval processes, it is critical that the momentum and interest created by APCOM’s regional consultation is maintained, built upon, and propelled forward, so that affected communities of MSM and transgender people can be well-informed and well-equipped to lead the activities that ultimately will result in Asia wide availability of PrEP.
3. One Year After (continued)

For APCOM, it is important to know and to document what has happened as a result of the regional PrEParing Asia consultation. A survey of the region was conducted from July - September 2016. Twelve countries were contacted and asked to respond to a list of questions via email or Skype. The countries and regions that were contacted are Malaysia, China, Hong Kong SAR, India, Indonesia, Cambodia, Myanmar, Lao PDR, Philippines, Vietnam, Mongolia, and Australia. The survey questions were geared towards measuring progress in terms of the following:

- Country-level PrEP consultations
- Gathering/using strategic information on PrEP
- Development of a PrEP communication strategy to inform and target at risk MSM and transgender people
- Opportunities for small pilot projects to deliver PrEP
- Development and/or implementation of a strategy for national PrEP scale-up

Additional questions were asked about barriers to PrEP provision, potential strategies and solutions, as well as other questions geared towards the general experience of the countries thus far. The table outlines key data points collected from the survey on country-to-country basis.

|---------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Malaysia      | Multi-sectorial CC held with community members, CBOs, MoH, pharma reps, insurance experts, APCOM, doctors, healthcare workers, WHO, UNAIDS. | Social marketing and PrEP promotion campaign implemented by the ISEAN-HIVOS programme | 1. Small technical working group planning with a clinic that is popular with MSM in Kuala Lumpur  
2. Existing case management model will identify high-risk individuals, refer them to PrEP and provide adherence support | The data and evidence from the pilot projects will be used to advocate for scale-up |
<p>| China         | No                                                                                        | No                                                        | Government-funded discussions in multiple cities                                                       | No                                                                                                    |
| Hong Kong SAR | Community focus groups conducted, resulting in a report to DoH.                           | Advocating to the DoH to include PrEP in the next HIV/AIDS Strategy and to develop a targeted communication strategy | A proposal has been submitted for a pilot project. One doctor provides PrEP, but against high costs | No                                                                                                    |
| India         | CC initiated by a research agency, exploring the readiness for PrEP amongst MSM &amp; TG communities | Developing indicators to define specific “high-risk” MSM/TG before it is possible to develop targeted messaging and a communications strategy | Yes, waiting on approval from NACO                                                                    | The findings from the pilot projects will be used to advocate for including PrEP in the National HIV Strategy |</p>
<table>
<thead>
<tr>
<th>Indonesia</th>
<th>CC organised with community members, the MSM &amp; TG national network, MoH, WHO, NAC, Global Fund PRs &amp; the CCM</th>
<th>A Facebook page dedicated to PrEP was developed but there is a low level of interest at this stage</th>
<th>PEPFAR indicated support for a pilot in Jakarta through FHI360, but recently withdrew</th>
<th>Not yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>A PrEP educational conference is conducted on 12 December 2016. Envisaged participants are community, CBOs, civil society organisations, NCHADS and APCOM</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Consultations were held in preparation for the development of the National Strategy. PrEP and the need for demonstration projects has been included in the Strategy - waiting for approval and finalisation</td>
<td>Not yet, this will be in the next phase</td>
<td>No, but the premise for advocating for pilot projects is in the National Strategy</td>
<td>Too early at this stage. Pilot projects and movement globally would help build momentum and inform scale-up at a country level</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>CC was attended by the DoH, CDC, Centre for HIV/AIDS, FH1360, LaoPHA, PEDA, PSI, 2 central hospital representatives, UNAIDS, WHO, US CDC and civil society organisations representing MSM, TG &amp; SWs</td>
<td>LaoPHA provided several information sessions to MSM and TG populations in 3 provinces. Information about obtaining PrEP in Bangkok was provided</td>
<td>Funding is the major barrier to start pilot projects. Initial discussions with FH1360 (supported by USAID) have started</td>
<td>No</td>
</tr>
<tr>
<td>Philippines</td>
<td>The CC involved National AIDS programme managers, DoH, civil society and KAP organisations from MSM, male &amp; female SW, TG and PWID</td>
<td>Information on the website of the CBO Love Yourself was published. It provides facts and the assurance that PrEP will become available, as well as information about accessibility of PrEP in Bangkok</td>
<td>A pilot is planned with 100 KAP through the Love Yourself CBO clinic, funded by WHO and UNICEF. The next step is to receive operational guidelines from the DoH.</td>
<td>The gathered data from the pilot project will be used to advocate for scale-up</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Vietnam National AIDS Conference “Readiness &amp; feasibility of PrEP for MSM” was conducted, as well as a Technical update; “Prepping for PrEP.”</td>
<td>UNAIDS sponsored a community education pilot programme from Sept-Dec 2015</td>
<td>A pilot is underway with 200 MSM/TG in HCMC sponsored by the MoH and UNAIDS. MoH &amp; PATH will also provide PrEP through MSM CBOs in HCMC</td>
<td>The gathered data from the pilot project will be used to guide scale-up</td>
</tr>
<tr>
<td>Mongolia</td>
<td>No</td>
<td>No</td>
<td>PrEP is available through some doctors, but rarely accessed</td>
<td>No. A pilot project is needed to advocate for the scale-up of existing PrEP provisions and to raise community awareness about PrEP</td>
</tr>
<tr>
<td>Australia</td>
<td>A National PrEP forum was held with CBO’s, DoH, researchers and funding bodies</td>
<td>There are a number of online educational resources. Individual states have also held forums aimed at raising awareness and providing accurate information.</td>
<td>Trials are underway in the states of New South Wales (3700), Victoria (2600) and Queensland (2000). MSM are also assisted to import PrEP through a website. Included is a purchase assistance scheme for low income earners.</td>
<td>Gilead applied for TGA approval of Truvada® as prevention a year ago and it was approved in May 2016. Application has been made by Gilead for licensing with PBS (Australia’s National Insurance Scheme)</td>
</tr>
</tbody>
</table>
3. One Year After  
(continued)

C  A Closer Look at the Country Consultations

Of the 12 countries that responded, 9 have held country consultations or country-based meetings to explore the feasibility of PrEP within their respective contexts. Additionally, Singapore has planned a PrEP educational forum for the end of 2016. The majority of country consultations and meetings have modelled themselves upon the format of APCOM’s PrEP regional consultation, demonstrating the effectiveness of APCOM’s leadership in this role. The country consultations have been mostly multi-sectorial, and have generally been attended by representatives from the community, civil society, CBOs, Ministries or Departments of Health, the CCM, healthcare workers and/or clinicians, WHO, UNAIDS, UNICEF and Global Fund PRs, researchers, national AIDS programmers, pharmaceutical companies and insurance experts. Some countries have reported multiple country consultations, with varying aims, objectives and focal points.

The main goals of country consultations have been to share information about PrEP, as well as to seek consensus and collaboration in devising strategies for the introduction and provision of PrEP within their respective national contexts. Where this has happened, positive steps and measures have been taken, like in Malaysia where the consultation resulted in an agreement to develop and implement training for healthcare service providers on HIV care and PrEP. The Malaysian Society of HIV Medicine (MASHM) is set to develop training modules which will become part of their plan to improve HIV care in private General Practitioners’ set ups. The Malaysian AIDS Council (MAC) will provide a list of community friendly clinics nominated by community members themselves. Once the training is completed, the services will be strategically marketed, using the brand to motivate other GPs to join.

Some country consultations have been more community-focused, with the information gathered being used to determine MSM and transgender people’s knowledge and readiness for PrEP, as was also recommended by the follow up provisions established as a result of the regional consultation. The two countries that have not had country or community consultations yet (China and Mongolia) report that there is currently no plan to do so. The reasons why were not mentioned.
3. One Year After
(continued)

Availability of Epidemiological Data and Strategic Information

The epidemiological data from the countries who responded indicate that men who have sex with men (MSM) are a high priority and at risk group. A few of the countries noted that there is less information available in relation to transgender populations. Some countries (India, China and Australia) have existing research on attitudes towards PrEP and willingness to use it amongst MSM; while other countries (Malaysia, Philippines and Vietnam) have either already generated data through surveys, or are in the process of collecting data. APCOM has also launched a survey on attitudes among potential users. The survey’s findings, while preliminary, indicate a high degree of interest in PrEP across regional communities, with over 70% of 228 individuals sampled indicating their interest and willingness to take PrEP.

Hong Kong SAR and Mongolia have reported a lack of detailed information on MSM and transgender knowledge in terms of willingness to take PrEP, while Indonesia and Myanmar have used feedback from community consultations to improve community awareness and readiness for PrEP. The majority of countries within the region report that MSM and transgender community knowledge about PrEP needs to be enhanced, so that accurate information is available and demand can be generated. Lack of community exposure and awareness has been reported as a significant barrier by over half of the responding countries.
4. PrEP Communication Strategies to Increase Awareness Among the Key Population

In response to the low levels of awareness about PrEP across MSM and transgender population, a few countries have initiated grass-roots education efforts through Facebook pages and websites. These education efforts share up-to-date research results, provide information about the availability of PrEP, and in some cases offer peer support and assistance to community members to help them overcome barriers to access and find ways to obtain PrEP when it is not available or affordable within the country. Examples of such efforts are:

- Philippines, www.loveyourself.ph/search/?q=PrEP
- Indonesia, Pre-Exposure Prophylaxis (PrEP) Indonesia Facebook Group
- Vietnam, PrEP Vietnam Facebook Group
- Vietnam, CARMAB website, www.carmah.vn

Malaysia, as part of their strategic plan for PrEP introduction, has planned a community promotion campaign, while Vietnam has implemented a community education pilot program, sponsored by UNAIDS, extending over a 3-month period. Other countries, such as India, have chosen to develop indicators to further define “high-risk” MSM and transgender populations, with the intention of later developing targeted messages towards these groups.

Efforts to inform communities about PrEP have been met with varying degrees of success and have occurred at different speeds. Take-off across Facebook groups in Indonesia has been slow, in contrast with healthy membership and high Internet traffic within the Australian context. Effective PrEP community communication strategies are an important area of focus, and should be considered in conjunction with the other significant barriers to the introduction of PrEP, namely access and affordability, which were identified as major concerns by all responding countries.

Increasing awareness and demand, while also increasing access to PrEP has to be a dual process, in order to avoid creating an informed community which loses trust due to their inability to obtain PrEP. On the other hand, withholding information regarding this prevention option until availability increases is also not a suitable option, especially when it is already available to some, and there are innovative ways to obtain PrEP, such as travelling to Bangkok, or ordering it online with the support of a prescribing doctor. Within other contexts, such as Mongolia, PrEP is available, but the information and consultation within the community has yet to take place, leading to low community demand and low community uptake.
5. Small Pilot Projects, a Good Way to Address the Issues and Gather Further Evidence

A good way to increase both knowledge and access with regard to PrEP is through small pilot projects. Vietnam and The Philippines report that they will soon launch PrEP pilot projects. In the Philippines, a collaboration between a CBO that already provides testing and support to MSM and supporting donors (WHO & UNICEF) aims to provide PrEP to 100 community members from key affected populations. In Vietnam a partnership between the Ministry of Health and UNAIDS have proposed to provide PrEP to 200 MSM and transgender people in Ho-Chi-Minh City. Additionally, the Ministry and PATH will also provide PrEP through MSM CBOs in HCMC.

In Australia, PrEP is being provided through clinical trials in New South Wales (NSW), Victoria, and Queensland. Due to the success of these trials, the participation in NSW has expanded to 3700 participants, while Victoria has 2600 participants and Queensland 2000 participants, totalling 8300 MSM. A number of other countries have identified opportunities for collaboration with existing clinics and CBOs, and are waiting on the approval of applications and submissions to donors and/or government agencies.

At least half of the 12 responding countries have reported significant progress toward establishing pilot projects that can begin delivering PrEP to key affected populations in a number of major cities. This momentum will help to encourage similar projects in other countries, while also strengthening the evidence base for scaling up PrEP delivery and services.

The majority of the responding countries have indicated that strategies for scaling up PrEP provision to the national level will ultimately rely upon the results of respective pilot projects. Pilot projects thus far demonstrate that PrEP can be successfully delivered in local Asian contexts. We have already begun to build an evidence base that will be crucial to our scale-up efforts. Statistics and quantitative data on the number of MSM and transgender people taking PrEP, their adherence, and the demonstrable (cost-) effectiveness of the drug in preventing HIV transmission will also be important in strengthening this evidence base. Such data from pilot projects has the potential to propel advocacy forward and help to further bring down barriers, contributing to community and key populations’ knowledge, risk compensation, cost-effectiveness and motivation to use PrEP as prescribed. India reported that an important lesson learned in their process is to strengthen implementation processes for pilot projects, especially to plan adequately and aim for the best chance of demonstrating efficacy.

Laying out concrete strategies and formal plans to include PrEP as an HIV prevention tool in National HIV Strategies also helps to build momentum and guide advocacy at a grassroots level. Strategic planning is useful to coordinate advocacy efforts for scaling up PrEP delivery. Major barriers to scaling up PrEP often stem from a lack of approval by national insurance agencies, as well as a lack of approval by various pharmaceutical regulatory bodies. Specific advocacy strategies must be developed to address each relevant body, department, or organisation, in order to ensure that applications are put forward to have Truvada® approved as a prevention tool across these respective bodies. Having Truvada® recognized under the purview of ‘prevention’ makes it easier to push for increased accessibility, while also laying the groundwork to advocate towards funding schemes that will make PrEP affordable on a much larger scale.

In Australia, Gilead submitted an application with the Therapeutic Goods Administration (TGA) to have Truvada® licensed for use as prevention medication. In May 2016, approximately a year after the application was made, the TGA approved the use of Truvada® as PrEP. The next challenge will be to have Truvada® included as prevention medication within the National Pharmaceutical Benefits Scheme (PBS/Medicare). Gilead has already submitted an application for the inclusion of Truvada® as PrEP within the PBS. Paired with extensive lobbying efforts seeking to speed up the process on the grounds of public health interests; a decision could be expected soon.

Without the process of approval of Truvada® as PrEP within National Insurance Schemes, countries will find themselves increasingly reliant on donor and/or government funding at the end of pilot projects, which will likely make it impossible to provide PrEP on scale required to reduce rising HIV infections amongst MSM and TG people in the region.
7. Barriers and Solutions on a National Level

Questions were asked about the barriers to delivering PrEP to MSM and transgender communities, as well as the lessons learned as to how to overcome these obstacles. The barriers have not changed substantively since the regional consultation. Some countries reported difficulties stemming from knowledge limitations within health departments and among government officials, as well as ideological concerns against PrEP.

Advocates from around the region have highlighted the importance of continuing to provide up-to-date information about the efficacy, safety and cost-effectiveness of PrEP, in order to educate those who inform policy and make decisions about health spending. Additionally, globally respected organisations’ endorsement of PrEP, particularly for priority groups such as MSM, has been continually referred to by advocates as a way of legitimising their requests.

One health professional from Vietnam has recommended identifying supporters within health departments or Ministries of Health and providing them with the support and strategic information required to influence their peers. This kind of consensus building will be important in order to create a network through which accurate knowledge can flow. Another representative from Lao PDR pointed out the need to address health officials’ concerns about cost-effectiveness and the suitability of PrEP in the context of highly mobile KAP, combined with low prevalence. This highlights the continued necessity for conducting and sharing up-to-date research data. Mapping of high-risk groups’ needs, mobility and willingness to take PrEP, along with a cost-effectiveness analysis, is planned in order to provide the information required to support efforts to provide PrEP to those who could benefit from it in Lao PDR.

A majority of country representatives pointed out that MSM and TG communities throughout the region lack both information and consensus regarding the use of PrEP. On-going health literacy messaging about PrEP must be strengthened in order to remedy these knowledge gaps. Furthermore, this health information must be presented in a way that promotes dialogue, so that concerns can be acknowledged and explored, and accurate information distributed. A number of countries have held community forums and information events, which have provided opportunities for communities to ask questions, raise issues, and explore the use of PrEP.

Finally, all countries interviewed indicated that financing PrEP is a major barrier, requiring innovative and multi-faceted solutions. The majority of countries who are getting close to finalising PrEP demonstration projects are relying on funding from donor agencies, or partnerships between donors and government. The hope is that once the efficacy of PrEP provision is established through these pilot projects, there will be greater political will to fund it.

Crucial steps in this strategy are contingent upon Truvada® being approved for the use as PrEP within National Insurance Schemes (NIS), so advocacy to have PrEP included in National HIV Strategies, and encouragement for applications to NIS, is happening at the same time as demonstration projects in a number of countries are being conducted.

In addition to these efforts, there are creative attempts to make PrEP accessible to MSM and transgender communities through more cost-effective means, such as ordering online. Partnerships with local HIV doctors who can supply prescriptions and provide the necessary medical support, such as regular kidney function, HIV and other STI tests, are important to the success of these initiatives. Also, for those who have sufficient financial solvency and motivation, travel to Bangkok affords the opportunity to get PrEP through the Thai Red Cross Clinic or Silom Clinic.
8. Technical Support Provided by APCOM inside the Region

Since the regional consultation APCOM, has been engaged in a wide range of technical support activities, including providing materials and offering planning support and strategic information to PrEP country consultations in Vietnam, Lao PDR, the Philippines and Indonesia. APCOM provided similar technical support to Malaysia and also attended their country consultation. Additionally, By the end of 2016, APCOM will also have partnered with and participated in country consultations in Cambodia and Singapore.

In addition to providing a model for PrEP consultations and technical support to countries in the region, APCOM has also created models and resources for PrEP educational campaigns. These have already been translated into Thai, Vietnamese, with plans to have Indonesian versions in the near future. The educational materials were developed in consultation between APCOM and other community-based organisations (CBOs), in order to produce messaging targeting specific priority groups, such as MSM and transgender sex workers.

Additionally, there are a range of formats used by APCOM to increase PrEP awareness, including printed materials, videos, and webcast series, all of which are available for use by other community-based organisations in the region. Contributing to the creation of a strong and comprehensive online resource database is a very important part of APCOM’s regional capacity building agenda.

Finally, APCOM has consulted with a range of countries in the region to assist in tracking and supporting community-led activities aimed at increasing PrEP awareness and access for MSM and transgender people. Below is an overview of activities and plans in South Asian countries supported by APCOM:
8. Technical Support Provided by APCOM inside the Region (continued)

<table>
<thead>
<tr>
<th>Country</th>
<th>Description of Advocacy Activity/ Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>A PrEP consultation was held at Khulna division reaching 65 MSM and TG youth. Before concluding the workshop, a small discussion was held to identify benefits, challenges, and concerns on PrEP in relation to the country context.</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Inviting active community members who have poor knowledge on PrEP in order to raise awareness and create PrEP advocates.</td>
</tr>
<tr>
<td>Cambodia</td>
<td>The dialogue brought members of the gay and MSM community, community outreach workers, and community based organisations to assess the awareness level of the gay men and other MSM in Cambodia about PrEP. The dialogue also presented facts on PrEP, and ongoing advocacy efforts on the Region about PrEP.</td>
</tr>
<tr>
<td>India</td>
<td>Has convened PrEP consultation workshop(s) targeting community leaders, government officials, doctors, scientists and youth leaders. Raising Awareness regarding PrEP among LGBTQ youth and the urban Indian LGBTQ population in general. Advocacy efforts to include PrEP as a part of NACO’s strategy to end AIDS, targeting politicians and scientists engaging with the Health Ministry and NACO.</td>
</tr>
<tr>
<td>Nepal</td>
<td>Initiatives aim to reach the Government, health service providers, MSM and transgender communities as PrEP knowledge is low amongst these stakeholders. Plans to reach targeted populations through conducting the following activities, events, workshops, and programmes: 1. Sharing of the PrEP consultation recommendations with the National Centre for AIDS and STD Control. 2. Publish articles about PrEP in the media. 3. Educating community members, YMSM and TG about PrEP. 4. Development and distribution of IEC materials. 5. Orientation about PrEP with health service providers. 6. Organise a multi-stakeholder meeting about PrEP and a national consultation about PrEP with UN agencies, government official health service providers and the community.</td>
</tr>
<tr>
<td>Pakistan</td>
<td>PrEP advocates organised 3 training workshops in diverse districts in Pakistan, delivering strategic information to 30 participants in each training session. Participants included LGBTQI members, rights activists, community leaders, students and government medical officers.</td>
</tr>
<tr>
<td>Singapore</td>
<td>The consultation brought in gay and MSM community, health service providers and civil society groups to discuss ways how PrEP can reanimate the prevention package for MSM, and identify challenges, and means of addressing them, in the rollout of PrEP.</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Service providers, stakeholders, and community members demonstrate inadequate knowledge on PrEP and its effectiveness. The National AIDS Programme convened a meeting and highlighted a concern that professionals and doctors are ignorant of the existence of PrEP. Thus, the following activities are proposed: 1. Meeting with doctors affiliated with the National AIDS Programme 2. Awareness meeting for the selected donors at National AIDS Programme about the situation in Sri Lanka.</td>
</tr>
</tbody>
</table>
9. Technical Support Provided by APCOM outside of the Region

APCOM’s work has been noted worldwide and the organisation has seen an increase in requests to participate in meetings to share experiences from Asia, as well as to offer technical support to other places outside the region. This year, APCOM’s experiences and expertise were brought across to globe; from Geneva to Durban and from Johannesburg to Tbilisi.

APCOM supported the “PrEP for MSM in Africa” consultation which took place in Johannesburg, South Africa, 25-27 April 2016. The meeting was designed to provide the opportunity for in-depth engagement around what is known about PrEP for MSM today, the rationale for current guidelines and demonstration projects, and the opportunities for African MSM to influence PrEP roll-out in their communities and contexts. In particular advocacy initiatives were discussed to try and include funding for PrEP in the PEPFAR country operational plans (COPs) for the coming year.

APCOM was part of the consultation working group sharing experiences from the PrEParing Asia consultation, including sharing the format of the meeting and materials developed for the session. APCOM Executive Director, Midnight Poonkasetwattana, supported by LINKAGES, was able to present and share lessons learned from the regional Asia MSM consultation, while also providing examples for how to include of PrEP messaging within HIV testing campaigns. As part of this forum, APCOM had the opportunity to showcase TestBKK, which is currently being rolled out by APCOM in Bangkok, with models also being simultaneously rolled out in other cities in the Region, including Ho Chi Minh City (TestSGN), Manila (TestMNL), Hong Kong (TestHKG), and Yogyakarta (TestYKA). By sharing materials from these campaigns, APCOM was able to showcase effective models through which community collaboration and engagement can produce comprehensive and effective messaging campaigns.
9. Technical Support Provided by APCOM outside of the Region (continued)

**B PrEP Implementation Meeting, Durban, South Africa**

Prior to the International AIDS Conference in Durban, the WHO, in cooperation with the South African Department of Health, held a full day pre-conference forum on PrEP implementation.

Since September 2015, the WHO has recommended oral PrEP as an additional prevention choice for people at substantial risk of HIV. The purpose of the event was to share country experiences demonstrating how to implement the various components of PrEP projects. Midnight Poonkasetwattana shared APCOM’s experiences of advocacy efforts of PrEP for MSM communities in Asia and also showed how APCOM’s community-led testing campaign, TestBKK, has integrated sex positive messages into the on-line and off-line PrEP campaign.

The session was live-streamed on APCOM’s Facebook page and the video can be re-viewed here.

**C International AIDS Conference, Durban, South Africa**

At the International AIDS Conference in Durban, a discussion was hosted on “Advancing PrEP Advocacy – Opportunities and Challenges in Settings Where it has Been Approved and Where it has Not”. The aim was to discuss PrEP advocacy strategies, opportunities, and challenges across the world with advocates working on the front lines from England, South Africa and Thailand, as well as to share successes, struggles and hopes for the next AIDS conference in Amsterdam. Midnight Poonkasetwattana shared his hope that there will be more empowered and out PrEP users in Asia to share their stories and advocate for PrEP access in 2018 by the time the next IAC is held in Amsterdam.

The session was live-streamed on APCOM’s Facebook page and the video can be re-viewed here.
9. Technical Support Provided by APCOM outside of the Region
(continued)

D Advancing the PrEP Agenda in Combination with HIV Prevention, Geneva, Switzerland

This meeting in May, organised by UNAIDS and the WHO, was aimed at increasing the momentum for reaching the ambitious PrEP targets formulated within the new UNAIDS strategy, including a unified push and strengthened coordination to create demand, increase funding, and share expertise regarding implementation and regulatory issues.

Midnight joined in the discussion, participating alongside major funders, leading academics and global advocates in the PrEP field to join forces to advocate for coordinated PrEP action. He presented in a community session “What PrEP policies and programmes should look like – the view from civil society”, and stressed that effective PrEP advocacy requires the community to understand PrEP, so that the community can lead PrEP advocacy campaigns and so that barriers to the inclusion of PrEP into existing prevention services can be addressed.

E Technical Consultation on Alternative Drug Options for HIV Pre-Exposure Prophylaxis, Geneva, Switzerland

The consultation was hosted by WHO and UNAIDS on 21-22 March 2016. It centred on PrEP access in light of the latest 2015 WHO recommendation that calls specifically for ‘oral PrEP containing TDF’, which should provide flexibility for countries in deciding which drugs to consider. Although the body of evidence from clinical trial research rests with the use of TDF/FTC and TDF alone, WHO has been asked to provide clarity and guidance on whether 3TC is interchangeable with FTC for prevention.

As APCOM is a prominent PrEP advocate in the region, Midnight was requested to take part on the technical consultation as WHO develops update report on the use of TDF-3TC and TDF alone in national PrEP programmes.
9. Technical Support Provided by APCOM outside of the Region (continued)

**Pre Exposure Prophylaxis (PrEP) Workshop, Tbilisi, Georgia**

The aim of the workshop in Georgia was to raise awareness of innovative prevention strategies and interventions described in the new HIV grant for Georgia (for instance, PrEP) among MSM and LGBT communities and to develop an engagement strategy for the design and roll-out of these interventions. On 10th and 11th May 2016, a small training workshop was held in Tbilisi, Georgia on the development of a pilot project on pre-exposure prophylaxis (PrEP). The training was supported by technical experts from APCOM (Matthew Vaughan and Dr Donn Colby), with additional support from MSMGF and ECOM, and financial support from The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The training was comprised of two key focus areas: the first focal area was aimed at community representatives, while the second was for clinical service providers. The first group discussed how to ensure a high level of knowledge among the LGBT community on how to support gay and other men who have sex with men (MSM) and transgender women using PrEP, as well as how to ensure cooperation with doctors. Meanwhile, the group of clinical service providers, consisting of project managers and policy makers, discussed how the overall scheme of PrEP services should look and how to monitor and evaluate the pilot project.

The participants in the training included specialists, experts, and activists, who will later be involved in developing and implementing the pilot project: employees of clinical services institutions that provide assistance to people with HIV, epidemiologists, representatives of LGBT organisations, a representative of the LGBT community in the Georgian CCM, and specialists from service NGOs working with MSM on HIV and STI prevention. As a result, Georgia will have a PrEP Working Group to guide the implementation of PrEP in the country.
10. Conclusions

The PrEParing Asia consultation served as a birthplace of more resources and guidance to assist countries in adding PrEP to their National HIV Strategies. The national follow-up consultations in eight (8) countries are following a similar strategy in terms of their PrEP advocacy. The focus of this strategy is to sensitise key stakeholders to PrEP and create awareness of how it can be an important addition to the prevention package. Although initiatives and advocacy on PrEP at a country level are intensifying, the countries have reported to encounter similar barriers stemming from knowledge limitations within health departments and among government officials, as well as ideological concerns against PrEP. Financing is a major barrier in implementing PrEP, thus, requiring innovative and multi-faceted solutions.

The countries have reported that a good way to increase both knowledge and access with regards to PrEP is through small pilot projects. These pilot projects, which can begin delivering PrEP to key populations in a number of cities, will build momentum and demonstrate that PrEP can be successfully delivered in local Asian context.
11. **Recommendations Moving Forward**

While there has been substantial progress throughout the region since the regional consultation, there is still a lot that remains to be done. Going forward, APCOM recommends collective efforts be directed towards the following:

1. Promote the wide scale dissemination of accurate information regarding PrEP, while also making the stories and experiences of people who have benefited from using PrEP available to key affected populations across the region. The dissemination can be in a form of a campaign targeting the key population, such as the MSM and transgender people, using simple language and platforms of everyday use. This is a very important element in increasing the awareness on, and demand for, PrEP at a local level, hence, the funding agencies are called to provide granting opportunities for this activity;

2. Increase space for the key population-led and community-led interventions to advocate for PrEP at all levels. This includes providing technical and financial support to CSOs and CBOs in organising consultations gathering government’s health departments, National HIV programs and country UN offices to strategise implementation of PrEP at a country level. This also includes providing funding to CSOs and CBOs to do the ground work in promoting PrEP as an additional prevention package, and lobby to national insurance institutions to include PrEP within their schemes;

3. Sensitise key stakeholders by identifying ‘champions’ of PrEP within government institutions. Work towards strategic sensitization of key stakeholders and provide them with the evidence and support they need to spread the information among their colleagues and across their affiliated institutions;

4. Gather data from the pilot projects from countries, and produce strategic information, in order to work towards a comprehensive and compelling evidence base that can be used to advocate with the policy makers, government agencies, and pharmaceutical bodies, to include PrEP (Truvada®) approved as prevention medication.
We are united in our courage to advocacy issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.