LATIN AMERICA AND CARIBBEAN REGIONAL WORKSHOP ON HIV PROGRAMMING FOR MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDERED PERSONS (TG)

HIV Prevention, Care, and Treatment for MSM and TG: A Review of Evidence-Based Findings and Best Practices

October 10-11, 2013, Guatemala City, Guatemala

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

LATIN AMERICA AND CARIBBEAN REGIONAL WORKSHOP ON HIV PROGRAMMING FOR MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDERED PERSONS (TG)

HIV PREVENTION, CARE, AND TREATMENT FOR MSM AND TG: A REVIEW OF EVIDENCE-BASED FINDINGS AND BEST PRACTICES, OCTOBER 10-11, 2013 IN GUATEMALA CITY, GUATEMALA

Recommended Citation

Chintalova-Dallas, Repsina, and Helen Cornman. 2014. *Latin America and Caribbean Regional Workshop On HIV Programming For Men Who Have Sex With Men (MSM) And Transgendered Persons (TG): HIV Prevention, Care, and Treatment for MSM and TG: A Review of Evidence-Based Findings and Best Practices, October 10-11, 2013, Guatemala City, Guatemala.* Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

CONTENTS

ACRONYMS

amfAR	Foundation for AIDS Research
ARV	antiretroviral
CDC	Centers for Disease Control and Prevention (U.S.)
CHS	casual heterosexual sex
GTM	gay, transgender, and other men
HIV	human immunodeficiency virus
LAC	Latin America and the Caribbean
LGBT	lesbian, gay, bisexual, transgender
MSM	men who have sex with men
NGO	nongovernmental organization
OGAC	Office of the U.S. Global AIDS Coordinator
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SWOT	strengths, weaknesses, opportunities, and threats
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development
TG	transgender persons

EXECUTIVE SUMMARY

BACKGROUND

The Regional Workshop on HIV Prevention, Care and Treatment for Men Who Have Sex with Men (MSM) and Transgender Persons (TG): A Review of Evidence-Based Findings and Best Practices in Latin America and the Caribbean (LAC) was held on October 10-11, 2013 in Guatemala City, Guatemala. The workshop was part of a regional series presented by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)—including the Office of the U.S. Global AIDS Coordinator (OGAC), the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Department of Defense, the Health Resources and Services Administration, and the U.S. Agency for International Development (USAID). Additional support for the LAC meeting came from the Foundation for AIDS Research (amfAR), the Global Forum on MSM & HIV, and the Pan American Health Organization (PAHO).

To support these goals as part of PEPFAR's comprehensive HIV prevention strategy, PEPFAR issued the *Technical Guidance on Combination HIV Prevention* document for MSM in May 2011. This document responds directly to the urgent need to strengthen and expand HIV prevention for MSM and their partners and to improve the ability of MSM to access HIV care and treatment (PEPFAR 2011).

These workshops provide a forum to advance the discussion and build on PEPFAR's technical guidance. They offer the latest knowledge on issues that are relevant to HIV prevention, care, and treatment among MSM and transgender persons (TG) for communities, civil society, practitioners, health service managers, and governments. The LAC regional workshop is the third in a three-part series, with the first in Johannesburg, South Africa, and the second in Bangkok, Thailand. These workshops also focus on fostering an enabling environment in these respective regions.

OBJECTIVES OF THE LAC REGIONAL WORKSHOP

- Host a forum for LAC-based participants to provide up-to-date, evidence-based, strategic information on the prevention, care, and treatment experiences and needs of MSM and TG through lecture and interactive formats. The workshop will include:

- Current status, best practices, lessons learned, and impact of comprehensive HIV prevention programs for MSM and TG, highlighting coverage, access, linkages, and quality of intervention components, as well as gaps still to be filled;

- Current status, best practices, lessons learned, and effectiveness of HIV care and treatment services for HIV-positive MSM and TG, including attention to availability, accessibility, quality, and coverage, as well as adherence, support, and retention to antiretroviral therapy; and

- Current status, best practices, lessons learned, and effectiveness of enhancing the enabling environment and increasing policy development and program implementation of MSM and TG issues.

- Share country experiences, provide feedback about best practices and challenges of MSM and TG programming, and enhance collaborative relationships with stakeholders in various countries and sub-regions.

- Identify technical assistance needs related to the implementation of comprehensive HIV prevention, care, and treatment services for MSM and TG and sources for technical assistance, including in-country/regional and south-to-south resources.

OVERVIEW OF THE AGENDA

Day One opened with a series of sessions examining efforts to strengthen gay male, other MSM, and TG communities across the LAC region. Five sessions totaling ten presentations focused on a wide range of epidemiological, ethnographic, community, research, and human rights issues related to HIV and MSM and TG. The first session provided epidemiological evidence on MSM and TG HIV prevalence, incidence, and risk behavior in the region. Presenters discussed similar and different needs of the two groups, gaps, and challenges faced by program implementers.

Perspectives on emerging epidemiological research provided a critical update on the most recent research related to HIV prevention, care, and treatment activities for MSM and TG in the LAC. A morning session provided an analysis of HIV prevention expenditure on programs that benefit MSM and TG vis-à-vis epidemiology in Central America and the Caribbean. This was followed by a discussion of the political and practical challenges faced by in-country implementers and policymakers. Another session outlined a human rights approach to addressing HIV among MSM, focusing on stigma, scaling up MSM and TG programs, and the importance of staying connected through MSM regional strategies. Programs from Mexico and Venezuela discussed their best practices in decreasing stigma and discrimination in the region and addressing violence against MSM and TG.

During Day One's Facilitated Focus Group Discussion I, participants in six small groups (two English speaking, two Spanish speaking, and two mixed) analyzed enabling environment programs and determined gaps, challenges, and possible ways to deal with them through the use of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis.

Four sessions on Day Two covered a broad array of challenges and solutions for scaling up MSM and TG activities, from multicity action plans to collaboration with the local governments and international agencies to reduce HIV prevalence and risk behavior among MSM and TG in countries in the region. The first session discussed regional experiences with prevention programs and provided examples of existing programs and guidelines that are consistent with the evidence base. Another session focused on achievements in HIV care and treatment for MSM and TG populations.

Representatives from civil society organizations provided concrete recommendations for civil society actors, government officials, and other partners on building sustainable program models, political structures, and financial mechanisms to reduce the impact of HIV among gay men, other MSM, and TG. Discussion of country experiences in MSM and TG programs from Belize, Chile, and Ecuador examined the social and contextual drivers of risk and identified many human rights issues, legal challenges, cultural and religious mores, and societal and structural barriers that hinder access to prevention, care, and treatment services for MSM and TG.

On Day Two, during the Facilitated Focus Group Discussion II, the participants were divided into six small groups (two English speaking, two Spanish speaking, and two mixed) to perform a SWOT analysis for a specific portion of the prevention, care, and treatment continuum. Day Two concluded with a session discussing experiences, barriers, and breakthroughs in MSM and TG HIV care and the collaborative efforts between local networks and international agencies. Concluding remarks by representatives from civil society organizations and the U.S. Government highlighted the diverse MSM and TG country perspectives shared around the region.

To view individual presentations from each session, please visit: http://www.aidstarone.com/focus_areas/prevention/resources/technical_consultation_materials/msm_tg_lac.

For a detailed agenda, see Annex 1.

CONCLUSION

The workshop successfully covered a broad range of issues in research, programming, and advocacy for MSM and TG who are facing the threat of HIV in the LAC region. The presentations prompted in-depth discussion and offered an invaluable opportunity to exchange ideas and experiences from many countries represented at the workshop. The sessions also provided an important platform for sharing perspectives across all levels, bringing together activists and advocates, program managers, government officials, donors, researchers, and others.

Several key principles were discussed repeatedly in many sessions and across many topics:

- Human rights programming is essential. Addressing and supporting human rights programming within the context of HIV programming is vital to delivering a comprehensive package of HIV services and meeting the needs of MSM and TG.

- Human rights violations against MSM and TG have serious implications for health-seeking behavior. HIV programming must help tell the story of these violations and appeal to others, such as governments and communities, for support.

> **The issue is not either human rights or health—it is both.**

- Legal and structural interventions are crucial in fostering an enabling environment to provide comprehensive HIV services and reduce new HIV infections. Community organizations need to actively engage government authorities and demand change.

- MSM and TG in many places have limited access to HIV testing and counseling. There are few MSM-friendly clinics or services in the LAC region to support those who test positive and need care and treatment. Creating such services must become a priority for HIV strategies for MSM and TG.

- More research is needed on prevention methods, implementation, and operational issues to determine how to best scale up these interventions. Researchers should involve MSM and TG at all stages of the research process. Researchers need to understand the importance of providing services across the continuum of care and ensure that, after diagnosis, MSM and TG also have access to care and treatment.

- Transgender needs are understudied. More emphasis must be placed on understanding the HIV epidemic among TG and implementing TG-led programming to reach this marginalized population.

DAY ONE PRESENTATIONS

OPENING CEREMONY AND WORKSHOP OVERVIEW

"We are in the changing world, and it's not going to be easy." —Elizabeth Rodriquez, PAHO/Central America

The opening remarks delivered by high-level officials from the Guatemala Ministry of Health, PAHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), OGAC, and a civil society organization from Belize emphasized a high level of human rights violations in the region. Elizabeth Rodríguez of PAHO/Central America described three points that PAHO member states have been asked to start addressing: 1) promoting quality services with human dignity, 2) ensuring equal access to services via a comprehensive universal policy that helps eliminate stigma and discrimination, and 3) creating an evidence base for programming for MSM and TG in the region.

All speakers stressed that the region is experiencing challenges in implementing programs that specifically target the transgender populations. PAHO has issued guidance aimed at government officials, service providers, and civil society groups to help provide interventions for TG. All presenters called for an open, honest dialogue that will lead to the development of rights-based policy. Rodríguez congratulated countries in the region, and specifically the ministries of health, for having prioritized HIV prevention in their strategic plans since 2006.

Dr. Ricardo García of UNAIDS stressed that the region is on the right track to reducing HIV incidence among MSM and TG. However, significant challenges include punitive laws and practices, persistence of stigma and discrimination, and lack of resources earmarked specifically for key populations. According to Dr. García, only $1 out of $100 spent on prevention activities in the region reaches the populations most at risk for HIV. There is a disconnect between where the epidemic is and where the resources are allocated. Most money allocated to HIV prevention efforts goes to prevention in the general population. Dr. García called on the participants to use strategies and recommendations from this two-day workshop to foster an enabling environment in their countries where MSM and TG will experience "zero discrimination" and "zero stigma."

Eric Castellanos of the Collaborative Network of Persons Living with HIV (C-NET+) in Belize presented the view of civil society where there are feelings of frustration and of being excluded from conversations and decision-making processes because they are labeled as "technical discussions." He emphasized that "history has given us a valuable lesson—to effectively and fully reach a community with messages and interventions and to gain the communities trust, that community must be a part of the process from the very beginning, must feel welcomed, appreciated and listened to." Castellanos called on the representatives of civil society organizations to effectively contribute

in these technical discussions because it is imperative to reach the end goal of building a truly effective program.

Dr. Tonia Poteat of OGAC and Cameron Wolf of USAID provided an overview of PEPFAR's five-year strategy and its *Technical Guidance on Combination HIV Prevention for MSM*. This guidance builds on effective evidence-based public health interventions and policies; supports a core package of services for MSM; supports laws, regulations, and policies that allow MSM to access appropriate and nondiscriminatory HIV prevention, care, and treatment; encourages work with national governments on MSM programs; and advises inclusion of MSM in national strategic planning processes and implementation of programs (PEPFAR 2011). Wolf emphasized that PEPFAR is relying on the participants of this workshop for guidance on how to provide better services to MSM and TG. He mentioned that during the meeting the participants will discuss some evolving issues that affect this region.

Related presentations:

- Ernesto Ponce, Ministry of Health (Guatemala)

- Elizabeth Rodríguez, PAHO/Central America (El Salvador)

- Ricardo García, UNAIDS (Guatemala)

- Eric Castellanos, C-NET (Belize)

- Tonia Poteat, OGAC (USA)

- Cameron Wolf, USAID (USA)

SESSION I: SETTING THE STAGE: EPIDEMIOLOGY AND COVERAGE

"Cultivate the perception that MSM should be treated as whole people, not just vectors of disease." —Shane Diekman/CDC Caribbean

Sanny Northbrook of the CDC/Central America and Shane Diekman of the CDC/Caribbean provided a broad overview of the HIV epidemic in Central America and the Caribbean, emphasizing the available information about HIV among the MSM and TG populations.

Unsafe sex among MSM is common across the Central American region. According to the 2012 UNAIDS report, in 2011 the HIV prevalence range was between 7 percent (Nicaragua and Honduras) and 23 percent (Panama) among MSM in Central and South America. HIV prevalence among MSM was 3 to 10 times higher than among female sex workers (except in Honduras). HIV prevalence among TG is the highest in the region: one out of every four TG in the region is HIV positive. Most MSM in the region do not necessarily identify as MSM and do not know their HIV status. Surveillance data indicate rising HIV prevalence among MSM throughout many countries in the region. Furthermore, it was presented that changing behavior through condom use and

decreasing concurrent partnerships would not be enough to reduce the burden of HIV among MSM in the Central American region.

The situation in the Caribbean region is very similar. An estimated 230,000 people live with HIV in this region. The Caribbean has the second highest prevalence rate in the world behind sub-Saharan Africa, with an estimated adult HIV prevalence of 1 percent. This amount is almost twice that of North America (0.6 percent) and more than twice that of Latin America (0.4 percent). The 2012 UNAIDS report indicates that the pooled HIV prevalence rates among MSM in the Caribbean region are estimated at 25 percent—the highest in the world. When compared with the general population rate of 1 percent, it is clear that there is a concentrated HIV epidemic in the Caribbean region that is largely driven by MSM.

Figure 1. Reported HIV Prevalence among MSM in the Caribbean (GARP Reports 2012)
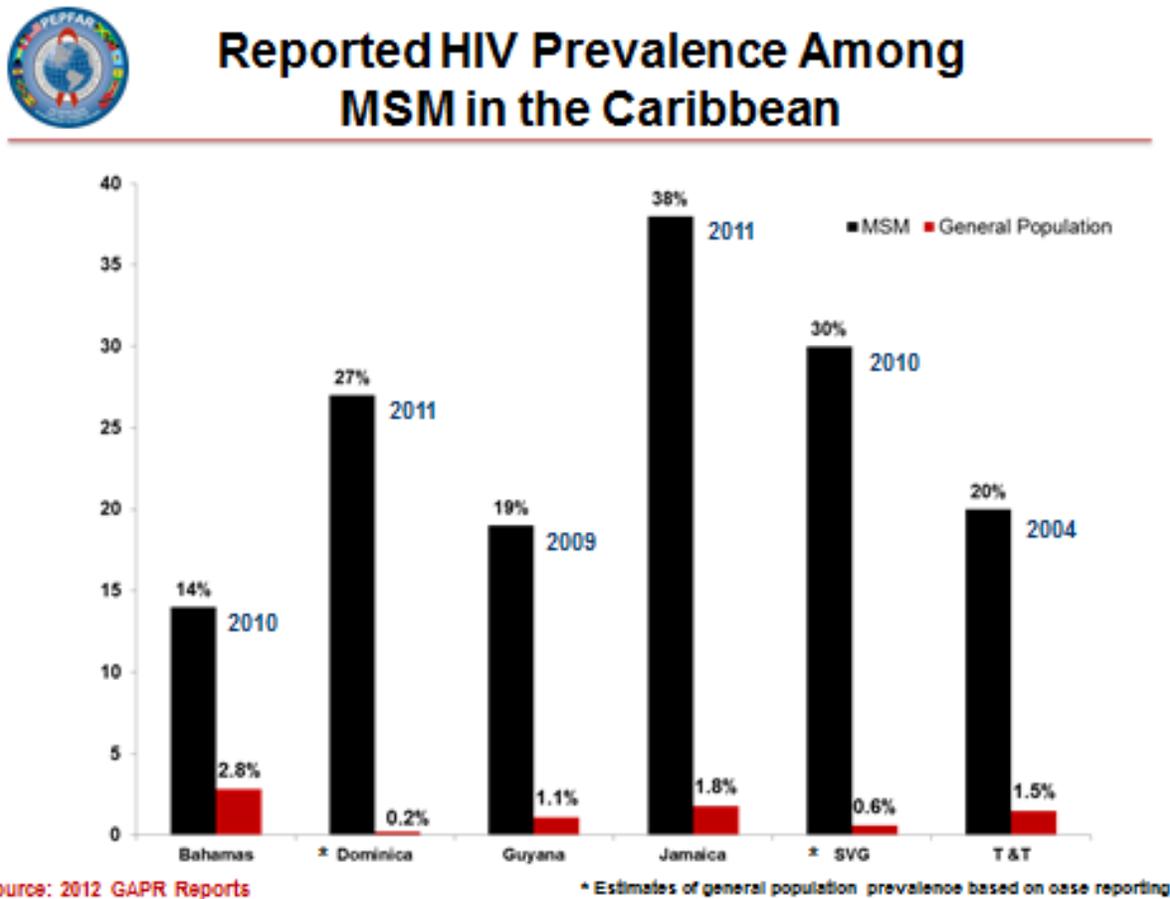
Among the many challenges faced by the countries in the region, both speakers stressed the lack of timely data, which affects the ability to quickly and effectively respond to the concentrated epidemic. For example, true incidence data could tell where new cases are appearing and would help inform the investment frameworks, support advocacy for the allocation of resources, and assist with measuring program success.

Key themes throughout this session included:

- Religious, cultural, policy, and legal challenges that hinder effective HIV responses, particularly for MSM and TG, and greatly affect all countries in the region

- The conservative religious and social atmosphere often fuels discrimination and has led, in some cases, to violence toward MSM and TG

- The lack of supportive environments affects the freedoms of individuals, which in turn restricts access to opportunities and resources that would assist marginalized populations to live to their fullest potential

- Unsupportive environments are perpetuated by discriminatory laws, such as sodomy laws

- For HIV responses, there is a high dependence on external donor resources and engagement, which has been declining since around 2005

- The available data indicate that the regional HIV prevalence rates for the MSM population are high and may be equal to or even surpass the rates for the female sex worker population, for which there are less data

- A large and increasing number of men who have sex with men also engage in sexual intercourse with women. For example, the UNAIDS 2010 report on the status of HIV in the Caribbean indicates that 70 percent of MSM in the Dominican Republic are having sex with women

- Although estimates for the HIV prevalence among MSM are available, more current data are needed, particularly as they relate to risk behaviors

- Information on transgender populations in the Caribbean region is virtually nonexistent in published literature and in national and regional reports

- Programs need to do a better job of monitoring a wide range of indicators along the cascade of care to have a more nuanced understanding in the context of the epidemic.

Related presentations:

- Sanny Northbrook, CDC/Central America (Guatemala)

- Shane Diekman, CDC/Caribbean (Barbados)

SESSION II: MATCHING INVESTMENT TO EPIDEMIOLOGY

In the LAC region, there is a significant gap between what is known about HIV transmission and where the resources are allocated. In almost all the LAC countries, the allocation of resources does not match prevention priorities. Moreover, there is a strong dependency on external funding that is becoming less and less available. It is important to match spending to where the epidemic is, by bringing together all involved parties to achieve efficiency in the way the resources are allocated.

One presenter framed this "shared responsibility" as the product of efficiency, allocative decisions, donor support, and domestic spending.

An increasing number of countries in the region have been estimating the distribution of new adult HIV infections by modes of transmission to help prioritize prevention efforts. Michel de Groulard of UNAIDS/Caribbean the UNAIDS-recommended modes of transmission model, which helps countries estimate the proportion of new HIV infections that occur through key transmission modes, including sex work, injection drug use, MSM, multiple sexual partnerships, stable relationships, and medical interventions. The model typically forms part of a country-led process that includes a comprehensive review of epidemiological data. Having this information can help countries to effectively allocate scarce resources.

A modes of transmission study that was implemented in Jamaica (see Figure 2) showed that approximately 30 percent of new HIV infections occurred in the MSM community. However, less than 5 percent of HIV prevention expenditure targeted this population.

Figure 2. Modes of Transmission (Michel de Groulard 2010)
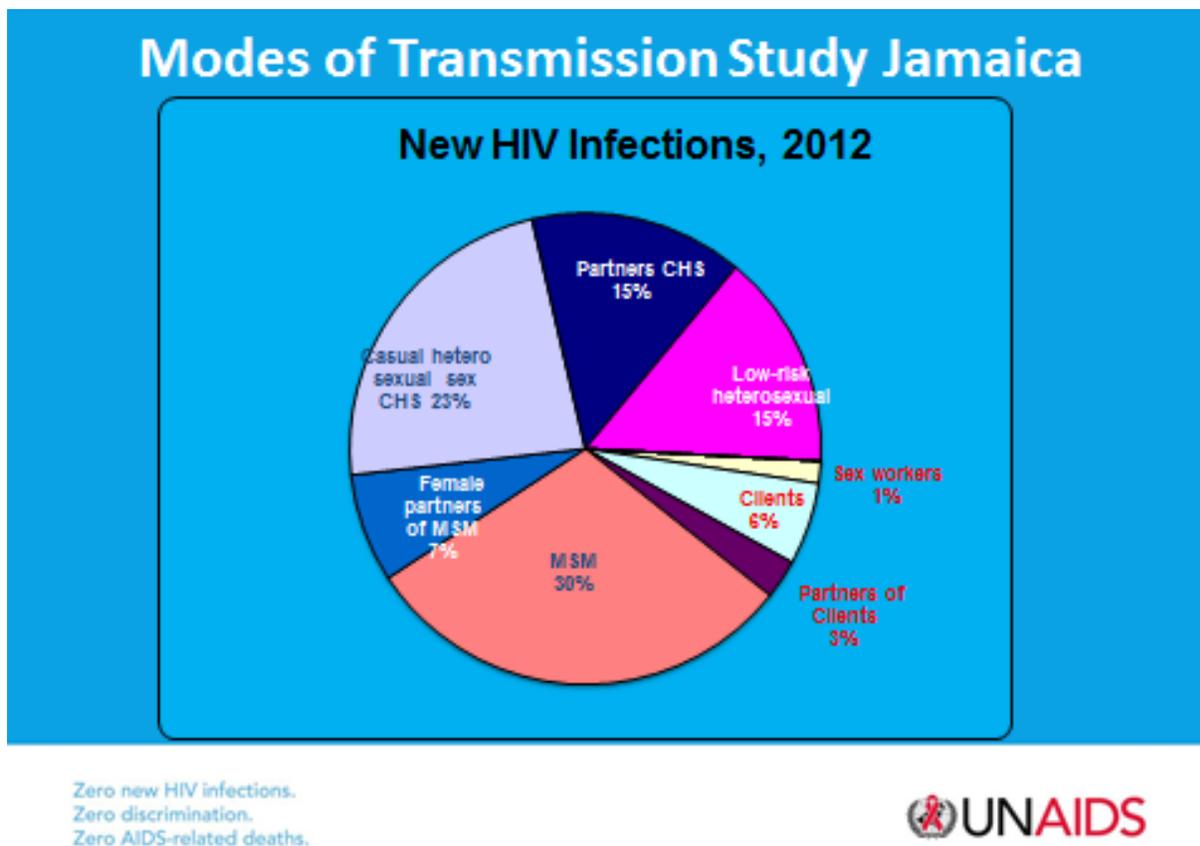
*CHS: Casual heterosexual sex

Key themes throughout this session included:

- Negotiating additional domestic investment is difficult given increasingly scarce health resources

- There is a general lack of political commitment and technical capacity in-country for making more informed allocation decisions

- Regional funding (Pan Caribbean Partnership against HIV and AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, European Union) is needed to fill the gaps from national programs

- Modes of HIV transmission and associated risk behaviors vary greatly between countries and regions and can change over time

- Careful and rigorous assessment of the modes of HIV transmission, combined with a comprehensive review and critical assessment of epidemiological and behavioral data, can contribute to a better understanding of national epidemics, to a more strategic HIV response, and to more efficient allocation of resources

- There is a clear and urgent need for improved data on key populations and on high-risk behaviors to improve the quality of future analyses

- Despite a continuing need for improved data on key populations, it is fair to say enough is known about the disproportionately high HIV risk faced by MSM and TG to invest much more than is currently.

Related presentations:

- Ricardo Valladares, Proyecto Acción SIDA de Centroamérica/Health Policy Project (Guatemala)

- Michel de Groulard, UNAIDS/Caribbean (Trinidad and Tobago)

SESSION III: FOSTERING AN ENABLING ENVIRONMENT: THE HUMAN RIGHTS APPROACH

"The struggle to end discrimination against LGBT persons is a global challenge and one that is central to the United States commitment to promoting human rights." —President Barack Obama

This session focused on best practices from the region aimed at decreasing stigma and discrimination among MSM and TG as well as addressing violence toward key populations. Vulnerability can result from a range of factors outside the control of the individual, including: 1) lack of knowledge, skills, or power required to protect oneself; 2) lack of access to essential services and commodities; and 3) societal factors, such as gender expectations and norms, social and cultural norms and values regarding sexual identity, gender identity and sexual behaviors, lack of legal status, poverty, violence, and other human rights violations. Presenters discussed promising practices for structural aspects of combination HIV prevention for MSM and TG, consisting of the legal and policy environment, health systems, and community development efforts.

When discussing the legal and policy environment, in addition to decriminalization, Ken Morrison of the Health Policy Project/Caribbean highlighted several opportunities. These included multi-sectoral approaches; the use of disaggregated data; participation of target populations; and the development of service-specific protocols and standards, data protection, and legal remedies for customary laws, teachings, or practices. Morrison also highlighted promising practices for health systems improvement, including the enforcement of health facility policies such as nondiscrimination of MSM and TG, data protection, and confidentiality. The community development aspect needs to be prioritized as well. Vulnerable communities need to be included in policy discussions and decision making related to HIV responses in the Caribbean. Meaningful inclusion will require some training and social mobilization processes to equip representatives with a mandate and understanding of the needs of these constituencies.

Dr. Tamara Adrian of ADRIAN & ADRIAN, Abogados Consultores, stressed that the International Human Rights Law and Inter American Human Rights System may be an important last recourse in the region for the fight against HIV and improvement of life conditions in vulnerable populations. There is evidence that this kind of litigation may have a positive impact in the fight against HIV, particularly with regard to access to health. Identifying interlocking forms of discrimination may be a better tool to protect specific populations. In the case of the TG population, increasingly available evidence shows the links between the lack of recognition of as a legal gender identity and violence, exclusion, and HIV.

Dr. Adrian described a success story from Argentina, where empirical evidence arising from figures of violence against the TG population led to the enactment of the Gender Identity Law (INADI). According to Daniel Ponce of the National Council to Prevent Discrimination (CONAPRED), officials in Mexico tried to promote consultation with implementing institutions to create allies with churches, communities, and other social structures and to educate people about homophobia. With regard to public policy, these actions have empowered the individual. He theorized that every time the education level increases, there is also increased acceptance of the LGBT population. He noted that education can change culture.

Key themes throughout this session included:

- Reduction of stigma and discrimination is core to the creation of enabling environments and vital to effective responses

  - Step-by-step approaches and simultaneous, coordinated actions are key to change (stigma, discrimination, internal stigma)

  - Prioritize key policy/advocacy issues at the country level (regulations, laws, protocols) that hinder access to HIV services

- Scale up interventions on stigma at health facilities

  - Engage all health facility staff, adopt health facility supply and demand policies, and continue workshops/monitoring at health facilities

- Enable data collection at the facility level on key populations

- Invest in linking key population nongovernmental organizations (NGOs) to health facilities and social services

- Structural responses to the effects of internal stigma are often overlooked; building social capital in marginalized communities is key

  - Ensure that community ownership includes more emphasis on training and mentoring (applied action learning)

- Local evidence, ongoing policy monitoring, and developing improved communication/networking systems (data collection and analysis) are key to effective advocacy for social change

  - Ensure data ownership and use for action/grassroots/facility-level policy development.

Related presentations:

- Ken Morrison, Health Policy Project/Caribbean (USA)

- Daniel Ponce, National Council to Prevent Discrimination (CONAPRED) (Mexico)

- Tamara Adrian, ADRIAN & ADRIAN, Abogados Consultores (Venezuela)

SESSION IV: COMMUNITY ENGAGEMENT IN FOSTERING AN ENABLING ENVIRONMENT

"MSM and trans women are not the problem; we are part of the solution." —Marcela Romero, RedLac Trans

MSM and TG are often socially excluded from their communities due to stigma and discrimination. This in turn leads to their low uptake of health and social services. In many countries factors such as poverty, gender inequalities, low literacy levels, and self-esteem issues lead to high-risk behaviors.

Addressing stigma and discrimination in the communities requires a multi-sectoral comprehensive approach that includes peer education, campaigns, and initiatives broadly focused on stigma and discrimination, stakeholder engagement and sensitization, and regional engagement and partnerships. Meaningful involvement of affected communities is crucial to ensure that policies and interventions are grounded in reality (e.g., representation on decision-making bodies, such as the National HIV and AIDS Commission).

For example, the organization Barbados Gays, Lesbians, and All-Sexuals against Discrimination has been conducting a campaign to change the island's laws that affect the practice of homosexuality. Homophobia, stigma, and discrimination are major obstacles that stand in the way of management of the HIV epidemic in Barbados. German Humberto Rincon Perfetti of the Asociacion Lideres en Acción emphasized that despite significant progress made by the region in many areas of HIV prevention, stigma and discrimination remain a major barrier affecting the vulnerable populations.

All the speakers on this panel highlighted that eliminating stigma and discrimination will require consolidated efforts by all stakeholders and affected communities, including TG women.

Marcela Romero of RedLac Trans emphasized the need for a comprehensive approach for TG women. Life expectancy for TG women in the region is 30 to 35 years. The TG community is often forgotten when it comes to national HIV programming, receiving the least amount of investment despite the highest rates of HIV incidence in the region. To change HIV indicators, local and national governments need to invest in sex education and create and pass laws and regulations that promote health-seeking behaviors within the TG community. There are very limited data available on the behaviors within the TG community. An example from Argentina showed that the level of discrimination toward TG women significantly decreased a year after gender identity laws were approved.

Based on this data, Ms. Romero advocated for a number of actions, including that more countries in the LAC region should promote gender identity laws, governments should develop health indicators specific to the needs and realities of TG women, and comprehensive health care should include such other diseases as hepatitis C and tuberculosis. TG women should be a vital part of the decision-making process. They should also be involved in proposal and program development.

Key themes throughout this session included:

- High levels of stigma and discrimination occur within these communities due to sociocultural beliefs and norms, which are in turn reinforced by legislative barriers

- Homophobia and transphobia sometimes result in violence

- Understanding of these populations and their realities is limited

- Persons from these communities experience psychological challenges, including self-esteem and gender identity issues

- Specific public health care services for TG are limited.

Related presentations:

- Donovan Emmanuel, Caribbean HIV/AIDS Alliance (Barbados)

- Marcela Romero, RedLac Trans (Argentina)

- German Humberto Rincon Perfetti, Asociacion Lideres en Acción (Colombia)

FACILITATED GROUP DISCUSSION I: ENABLING ENVIRONMENT

On Day One, during the Facilitated Focus Group Discussion I, the participants were divided into six small groups (two English speaking, two Spanish speaking, and two mixed). They then analyzed enabling environment programs and determined gaps, challenges, and possible ways to deal with

them through the use of a "strengths, weaknesses, opportunities, and threats" (SWOT) analysis. Facilitators from each of the six groups identified the following:

STRENGTHS	WEAKNESSES
(What stands out as best practices or internal strengths in the work done by the individuals or organizations represented in the group discussion?)	(What are some of the key weaknesses or internal challenges related to the work done by individuals and organizations represented in the group discussion?)
- HIV has opened doors to LGBT rights in some countries - Right to health leads to the integration of LGBT rights - Small communities can use the same human and financial resources to advocate for LGBT rights and HIV prevention - NGOs and civil society groups have an understanding of vulnerability; they have experience in sensitization and social mobilization	- LGBT rights are interpreted by government officials as "gay marriage" - Psychosocial issues are not (or rarely) addressed due to limited technical capacity - Organizations have to compete for scarce financial resources, which often results in discontinuation of programs - Finding that agencies and donors have different indicators/reporting mechanisms - There is a disconnect between available epidemiological data and where the funding is being allocated
OPPORTUNITIES	THREATS
(What are some elements of the external environments—social, policy, or otherwise—that present key opportunities for creating enabling environments?)	(What are some elements of the external environments—social, policy, or otherwise—that present barriers to creating enabling environments?)
- Strengthening alliances with government and other stakeholders to advance human rights and enabling environment for MSM and TG—addressing inclusion and non-stigmatizing of persons - Global prioritization of enabling environments provides an opportunity for advocacy at the national level—inclusive of benchmarks and initiatives - Improved community engagement and visibility of TG, contributing to advancements in recognizing and addressing the needs of the community - Improved understanding and engagement	- Limited availability of funds to address the needs of the communities - Lack of data and disaggregation - Criminalization of population - Legal barriers—constitutions do not recognize sexual orientation - Lack of political will—no emphasis on diversity - Absence of human rights approaches to policy and public health - Lack of access to information - Existing legal framework in many

by some stakeholders, such as decision makers (although this has not resulted in advancements)

- Reinforcement and promotion of human rights

- Opportunity for local ministries of health to embrace LGBT rights and change the structural system

- LGBT rights and HIV/AIDS services would be coordinated if run by one organization

- The ministries of health should emphasize networking with other groups, including local NGOs, to promote advocacy efforts

- New communication technologies open opportunities to learn from other countries

- Investment in youth to carry on the work that is needed in the future

- The new Global Fund requirement provides an opportunity to build the capacity of community-based organizations and national entities

- Linking the human rights and HIV services through youth groups, women's groups, and other groups

countries continues to drive the epidemic underground

- Religious groups react negatively when HIV groups come together on LGBT rights

- In many countries people associate gay rights with gay marriage

- Organizations that focus on both the promotion of LGBT rights and HIV prevention may lose focus

- Existing social and cultural stereotypes continue to hamper the rights of TG and MSM

TECHNICAL ASSISTANCE NEEDS

Facilitated group participants were asked to conclude discussions in their groups by identifying specific technical assistance needs and priorities at the country level, including needs and priorities identified during other sessions throughout the workshop. The following technical assistance needs were identified:

- Crosscutting training and sensitization of decision makers to better inform public policy and health approaches—human rights using a comprehensive approach, including access to decision-making spaces, to better inform policy

- Addressing research and data gaps to inform evidence-based approaches—size, prevalence, incidents of violence, and demographics

- Building capacity to implement laws and policies that are inclusive and nondiscriminatory

- Creating capacity to conduct needs assessments and evaluations

- Helping organizations recognize that they need to learn how to develop well-established communication plans

- Offering technical assistance on how to engage court systems to support political advocacy

- Implementing best practices of human rights programs with balanced approaches

- Providing a more sustainable approach to technical assistance with NGOs as active participants from the beginning

- Using best practices on engaging legislators for policy change

- Applying best practices for the development of sexual assault protocols.

DAY TWO PRESENTATIONS

SESSION I: IMPLEMENTATION OF EFFECTIVE PREVENTION PROGRAMS

The term MSM groups together many different subpopulations who often have very little in common. A term introduced recently that is now widely used—GMT (gay men, other men who have sex with men, and transgender people)—provides more "visibility" to some of this diversity.

The Caribbean region has the highest HIV prevalence among gay-identified males and TG in the world (25.4 percent). The Caribbean epidemic is characterized as "predominantly heterosexual" with more than 92.2 percent of cumulative AIDS cases reported as due to heterosexual transmission. However, the proportion of reported AIDS cases among men remained constant from 1989 to 2006 and blood bank testing suggests the HIV prevalence among the country's heterosexual population may be as low as 0.2 percent.

In the Caribbean region, programs for gay-identified males are being implemented fairly successfully. These programs are able to reach TG, young MSM, poor MSM, and MSM sex workers. However, the programs have failed significantly in programming for non-gay-identifying MSM. Santo Rosario of Centro De Orientacion Investigacion Integral, INC (COIN) reported limited data that came from the first quantitative/qualitative study done with 240 male sex workers in the Dominican Republic by COIN in partnership with the Foundation for AIDS Research (AmfAR). Study results indicated that less than 15 percent were able to identify major routes of HIV transmission, about 55 percent were incapable of naming three STIs, and about 56 percent reported unprotected sex during last seven days. All countries in the region are faced with the challenge of reaching these populations due to discrimination and exclusion from existing health services.

Dr. Elizabeth Rodríguez of PAHO/Central America stressed the challenges faced by member states and discussed the context of PAHO's Blueprint for the Provision of Comprehensive Services for Trans Persons and their communities in Latin America and the Caribbean. The blueprint promotes equal access to health services for all people despite their sexual orientation and creates and strengthens universal policies and social agendas aimed at the most vulnerable populations.

Organizations in the region, including civil society organizations, are becoming more engaged in community initiatives and advocacy efforts. Simon Cazal of SOMOSGAY encouraged the participants to use existing models, including the PAHO blueprint, but suggested that they adopt and adjust the models to the realities of their countries. For example, in Paraguay health care services often exclude men—gay men and heterosexual men alike. SOMOSGAY worked with stakeholders to establish a men's health clinic that addressed the health care needs of all men. As a result of this successful intervention, the Paraguay Ministry of Health has partnered with the clinic

to provide antiretrovirals (ARVs). SOMOSGAY is working with the Ministry of Health to roll out this model in other parts of the country.

Key themes throughout this session included:

- Existing guidance and blueprints are focused on HIV prevention among MSM; the TG community requires interventions that are specific to their needs

- Program implementers need to engage TG women and men and obtain information about their health needs, priorities, aspirations, and obstacles to access

- Countries in the region need to define an operational plan to implement a regional strategy for providing comprehensive services for TG populations

- Countries in the region need to establish a regional mechanism to monitor and evaluate implementation of the regional strategy

- Regional governments need to generate support from stakeholders for the regional strategy and obtain buy-in from key actors

- Civil society organizations are starting to establish relationships with other stakeholders in their countries and are working together to change social climate, become stronger institutionally, and have the communities take responsibility for actions and initiatives.

Related presentations:

- Santo Rosario, COIN (Dominican Republic)

- Elizabeth Rodríguez, PAHO/Central America (El Salvador)

- Simon Cazal, SOMOSGAY (Paraguay)

SESSION II: STATE OF THE ART IN HIV CARE AND TREATMENT

Dr. Jorge Saavedra of the AIDS Healthcare Foundation talked about progress in Mexico in getting MSM to test for HIV. They have definitely a step forward that many thought impossible due to the high levels of stigma and discrimination that exist, not only for people with HIV but also for MSM. Dr. Saavedra also noted that the erosion of fear of being tested in Latin America is definitely the first crucial step toward controlling the epidemic in the region. The second step, he noted, is that when people test positive, they get linked to a clinic to start treatment. For this, the AIDS Healthcare Foundation has launched several Men's Wellness Centers in the region and supports several ARV treatment sites.

The use of the terms transgender and transsexual varies according to the culture and language. Trans women are at high risk for HIV due to transphobia, lack of access to health services, survival sex work, HIV and other STIs, and substance abuse. In a sample of trans people in Puerto Rico, about

50 percent had not completed high school, more than 50 percent were unemployed and practiced sex work, and most had no access to adequate health care services. Between 2008 and 2012 Central and South America reported 864 transgender murders. When compared with other adults, trans women are 50 times more likely to be HIV positive. Furthermore, trans women are 2 to 7 times more likely to acquire HIV than MSM.

Delays in care have been related to fear of disclosure of gender identity. Reports show disproportionately high HIV-related mortality among HIV-positive trans women. Best practices in medical assessment include cultural competence. Trans women may have had previous negative health care experiences, so developing trust and rapport may take longer than usual.

Key themes throughout this session included:

- For TG women, stigma and gender-based discrimination have been associated with unprotected anal receptive intercourse, depression, substance use, and non-inclusion in STI/HIV prevention strategies

- HIV prevention is a low priority because it might be associated with safety, survival, and emotional-gender validation

- 45 percent to 65 percent of HIV-positive TG women are unaware of their HIV status

- Improving health outcomes means addressing barriers to care.

Related presentations:

- Carlos Rodríguez Díaz, University of Puerto Rico (Puerto Rico)

- Jorge Saavedra, AIDS Healthcare Foundation (Mexico)

SESSION III: COMMUNITY PERSPECTIVES ON CURRENT STATUS OF CARE AND TREATMENT PROGRAMS

"The responsibility of the government is to finance the response. We can do the work, but the state has to pay for it. We need to demand this from our governments." —Fernando Munoz, ASICAL/Chile

"The civil society cannot sit and wait to be invited to any decision-making table, it is our responsibility to ensure we are invited to the decision-making table." —Eric Castellanos, C-NET/Belize

In this session, representatives from civil society organizations shared experiences, barriers, and breakthroughs in MSM and TG HIV care and treatment. Fernando Munoz of ASICAL described how his organization is monitoring programs and policies in Chile that lead to the production and dissemination of targeted guidelines, informational brochures, and trainings. Another speaker from C-NET stressed that studies show that the majority of MSM and TG access health services through local NGOs, small clinics, and care centers rather than through government-run health care

facilities. However, these private- and NGO-run centers offer only a limited number of services and do not always meet the MSM and TG population's needs. C-NET has been advocating for MSM- and TG-friendly clinics in Chile.

The speakers called on the representatives of civil society to rely on stakeholders and donor organizations, rather than on the government, to obtain funding and provide necessary training to the medical personnel. Diane Rodríguez of amfAR shared her organization's experience in Ecuador in conducting awareness campaigns with the medical clinics, aimed at providing comprehensive care to TG, including the use of silicone and hormone therapy. She stressed that no significant changes can happen without a supportive legal environment, but more and more civil society organizations are finding new and innovative ways to provide services to their communities. One such way was described by Donovan Emmanuel of the Caribbean HIV/AIDS Alliance, whose organization provided targeted community testing in Barbados through mobile testing at sites where sex work takes place. The organization also helps link the patients to health care providers and pharmacists who are friendly toward sex workers.

Key themes throughout this session included:

- Lack of mass dissemination campaigns focused on sexual orientation and gender identity

- Lack of technical and personnel capacity by grassroots organizations to implement advocacy efforts at the government level

- Majority of HIV spending in the region is directed toward efforts to reduce vertical transmission; however, it is clear this is not where the epidemic is concentrated

- HIV prevalence is the highest among MSM and TG populations; however, financial resources are being allocated to other groups

- Most countries in the region rely heavily on external financing of their HIV programs

- Private- and NGO-run health care centers offer a limited number of services

- Government-run health care facilities do not provide health services that are specific to MSM and TG populations

- Sodomy laws in many countries in the region create a barrier for MSM and TG to access health services for fear of being detained, and when seeking services many MSM and TG do not disclose that they practice anal sex.

Related presentations:

- Fernando Muñoz, ASICAL (Chile)

- Eric Castellanos, C-NET (Belize)

- Diane Rodríguez, amfAR (Ecuador)

- Donovan Emmanuel, Caribbean HIV/AIDS Alliance (Barbados)

FACILITATED GROUP DISCUSSION II: PREVENTION, CARE, AND TREATMENT

On Day Two, during the Facilitated Group Discussion II, the participants were divided into six small groups (two English speaking, two Spanish speaking, and two mixed) to perform a SWOT analysis for a specific portion of the prevention, care, and treatment continuum. Three groups performed a SWOT analysis for the first part of the continuum—from prevention to testing; three other groups performed a SWOT analysis for the second part of the continuum—from testing to treatment.

SWOT ANALYSIS: FROM PREVENTION TO TESTING

Participants identified the following Strengths, Weaknesses, Opportunities, and Threats:

STRENGTHS	WEAKNESSES
(What stands out as best practices or internal strengths in the work done by the individuals or organizations represented in the group discussion?)	(What are some of the key weaknesses or internal challenges related to the work done by individuals and organizations represented in the group discussion?)
• Referral network stronger in the public sector • Availability of rapid tests • Private sector provides more confidentiality	• Lack of mass dissemination campaigns that are focused on sexual orientation and gender identity • Grassroots organizations lack technical and personnel capacity to implement advocacy efforts at the government level
OPPORTUNITIES	**THREATS**
(What stands out as opportunities to better link community mobilization to counseling and testing as part of the prevention, care, and treatment continuum? Focus on the specific opportunities in the work done by the individuals represented in the group discussion.)	(What stands out as threats to linking community mobilization to counseling and testing? Focus on the specific threats faced by the individuals represented in the group discussion.)
• Greater understanding of complexity on the ground; realistic expectations • Involving the community; community mobilization • The use of social media to reach MSM and TG and to link them to services • The majority of HIV spending in the region is	• Most countries in the region rely heavily on external financing of their HIV programs • Difficulty in reaching hidden/vulnerable populations in rural areas • The ability to sustain programs when external funding becomes unavailable • Other vulnerabilities such as poverty, low

| directed toward efforts to reduce vertical transmission; however, it is clear that is not where the epidemic is concentrated | level of education, and high levels of unemployment are not addressed |

SWOT ANALYSIS: FROM TESTING TO TREATMENT

Participants identified the following Strengths, Weaknesses, Opportunities, and Threats:

STRENGTHS	WEAKNESSES
(What stands out as best practices or internal strengths in the work done by the individuals or organizations represented in the group discussion?)	(What are some of the key weaknesses or internal challenges related to the work done by individuals and organizations represented in the group discussion?)
• Availability of rapid tests • Peer counseling for adherence	• Stigma and discrimination in the public sector • High loss to follow-up in the private sector • Health care workers lack continual training • There is no quality control or monitoring after the training • There is no redress for complaints
OPPORTUNITIES	**THREATS**
(What stands out as opportunities to better link community mobilization to counseling and testing as part of the prevention, care, and treatment continuum? Focus on the specific opportunities in the work done by the individuals represented in the group discussion.)	(What stands out as threats to linking community mobilization to counseling and testing? Focus on the specific threats faced by the individuals represented in the group discussion.)
• Close collaboration between the ministries of health and peer educators and implementers • The use of mobile clinics to reach vulnerable populations	• Government-run health care facilities do not provide health services that are specific to MSM and TG populations • Lack of policies to address breaches in confidentiality • Lack of quality assurance standards for delivering services to MSM and TG

TECHNICAL ASSISTANCE NEEDS

Once again, facilitated group participants were asked to identify specific technical assistance needs and priorities at the country level. The following technical assistance needs were identified:

- Establishing methodology to reach hidden populations

- Developing treatment protocols for TG

- Decentralizing laboratory services to increase screening for CD4 cell counts and viral loads

- Providing support for community leaders working with MSM and TG, who often feel isolated

- Strengthening referral systems at the national level

- Revising HTC protocols for MSM and TG to make them more effective/useful

- Offering sustainability planning for all aspects of the continuum

- Providing mental health care/psychosocial support for MSM and TG populations

- Supplying medical training/education for all health care providers on TG-specific health needs

- Offering technical assistance to make the PAHO Blueprint for Comprehensive Services and other models a living reality with the necessary support to make them functional.

SESSION IV: INCREASING POLITICAL AND FINANCIAL SUSTAINABILITY OF HIV PREVENTION, CARE, AND TREATMENT: WORKING COLLABORATIVELY WITH NETWORKS AND INTERNATIONAL AGENCIES

"Because of the law people are forced to be something…cannot go to a health care facility as a transgender…have to go as what it says on my birth certificate…have to use appropriate attire based on cultural norms.... It is difficult to be a transgender and take part in social life except in safe spaces." —MSM Peer Educator, Georgetown, Guyana

The objective of this session was to share and gain a clear understanding of experiences, barriers, and breakthroughs in MSM and TG HIV care and treatment. In the LAC region, municipal authorities have autonomy in setting up policies and administering local health and social and legal services. These local authorities are the best place to lead, mobilize resources, and coordinate the response. They can also realign national responses to the specific local needs of key populations, thus bringing them closer to individuals.

Alejandra Trossero of the United Nations Development Programme (UNDP) presented examples of successful work with the local authorities by the Urban Health and Justice Initiative in Brazil, the Dominican Republic, and Guatemala. In Brazil, the Initiative increased participation in service provision, identified the need to strengthen HIV prevention services, and increased coordination among stakeholders for key populations and women. In the Dominican Republic, the Initiative conducted seminars and training for the staff of municipal authorities on sensitization, stigma and discrimination, and violence against key populations. In Guatemala, LGBT issues were discussed with local authorities for the first time. This led to the development of an action plan for setting up

MSM- and TG-friendly mobile clinics and training for the local police to reduce abuse and police persecution through a human rights "diplomado."

The speaker stressed that successful collaboration with local authorities is possible, but coordination of responses requires active participation by community-based and civil society organizations to maintain the relationship.

Although programs in countries usually aim to renew financial support from the Global Fund, some countries have opted to increase domestic financial support while reducing financial support from the Global Fund.

Figure 3. Share of Funding Sources in HIV Spending in 2010/2011 of Global Fund-Supported Countries (Silvio Martinelli 2013)
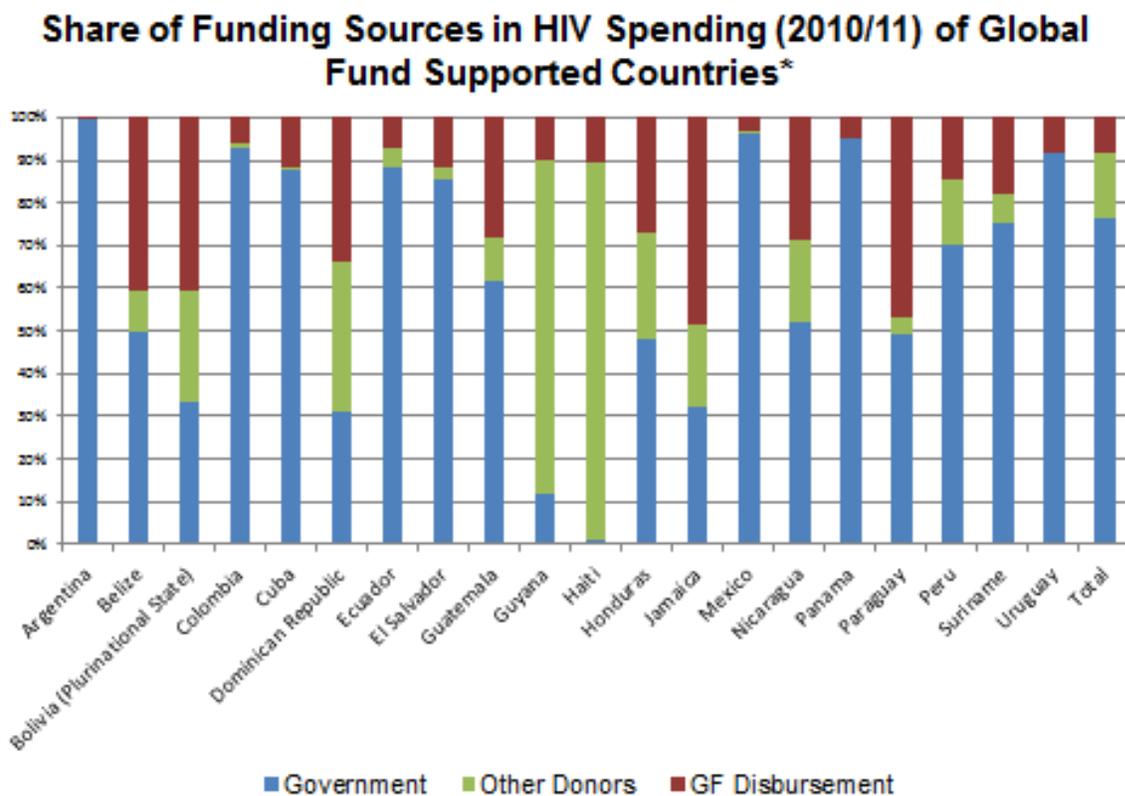
Some countries have or will be transitioning away from the Global Fund, such as Brazil in 2012 and Argentina, Mexico, and Uruguay in 2014. The Global Fund has put in place mechanisms to mitigate the change in financial responsibilities for countries that become ineligible for funding. Silvio Martinelli of the Global Fund stressed that many countries in the region have the knowledge and technology to control their HIV epidemic, but lack political and financial sustainability to achieve that control. She emphasized that no countries in the region have a documented sustainability plan. However, several countries are currently considering initiatives for financial sustainability that include establishing AIDS trust funds, increasing budgetary allocations to the HIV programs, relying on private-sector funding for the HIV programs, using national health insurance, reviewing the unit cost of delivering HIV services, and improving cost efficiency and effectiveness.

A deliberate attempt to develop a plan to sustain Global Fund–supported services has been done by a few countries, such as Guatemala and Jamaica. Lessons from these countries show that the process of developing sustainability plans brings together all stakeholders to identify strategies. In such cases, the visibility of government leadership is high and there is a detailed analysis on the cost. Challenges faced by these countries include identifying financing sources for prevention services, targeting key populations, and implementing programs for these populations through the community health system. Country sustainability efforts require participation and commitment by key national stakeholders who are involved in the management of the various disease programs.

Key themes throughout this session included:

- Country sustainability plans are in the early stages of implementation; therefore, it is too early to assess whether or not they are working

- Good progress has been made in absorbing treatment costs, but still heavy dependence for prevention, human resources, and other health products. Sustainability requires significant financial and technical resources to support transition activities and a policy on funding of future transitions.

- There are some good experiences of strategies/plans, including the Central American sustainability strategy, the Mexican transition plan, and the Jamaican sustainability plan

- Most of the other countries in the region are still eligible for HIV funding from the Global Fund

- The development of a sustainability plan is an intense process that requires clear policy direction and commitment by a country and entails determining when the sustainability plan should be prepared and implemented, the scope of the plan, and the involvement of stakeholders, among other guidelines.

Related presentations:

- Silvio Martinelli, Global Fund/LAC

- Alejandra Trossero, UNDP/LAC (Panama)

CONCLUSION

This two-day regional workshop provided LAC-based participants with up-to-date, evidence-informed, and strategic information on the prevention, care, and treatment experiences and needs of MSM and TG through lecture and interactive formats. Participants gained a better understanding of the current status, best practices, lessons learned, and impact of comprehensive HIV prevention programs for MSM and TG through in-depth discussions of such topics as coverage, access to services, linkages, quality of intervention components, and gaps that still need to be filled. They also discussed issues related to the enabling environment and increasing policy development and program implementation of MSM and TG.

Among the many compelling topics discussed, several were of central importance and were weaved into many discussions throughout the two days, including:

- Human rights programming is essential. Addressing and supporting human rights programming within the context of HIV programming is vital to delivering a comprehensive package of HIV services and meeting the needs of MSM and TG.

- Human rights violations against MSM and TG have serious implications for health-seeking behavior. HIV programming must help tell the story of these violations and appeal to others, such as governments and communities, for support.

> **The issue is not either human rights or health—it is both.**

- Legal and structural interventions are crucial in fostering an enabling environment to provide comprehensive HIV services and reduce new HIV infections. Community organizations need to actively engage government authorities and demand change.

- MSM and TG in many places have limited access to HIV testing and counseling. There are few MSM-friendly clinics or services in the LAC to support those who test positive and need care and treatment. Creating such services must become a priority for HIV strategies for MSM and TG.

- More research is needed on prevention methods, implementation, and operational issues to determine how to best scale up these interventions. Researchers should involve MSM and TG persons at all stages of the research process. Researchers need to understand the importance of providing services across the continuum of care and ensure that, after diagnosis, MSM and TG also have access to care and treatment.

- Transgender needs are understudied. More emphasis must be placed on understanding the HIV epidemic among TG and implementing TG-led programming to reach this marginalized population.

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APPENDIX I

WORKSHOP AGENDA

Regional Workshop on HIV Prevention, Care and Treatment for Men who have Sex with Men (MSM) and Transgender Persons (TG)

A Review of Evidence-Based Findings and Best Practices

October 10-11, 2013
Guatemala City, Guatemala
InterContinental Real Guatemala Hotel

The Regional Workshops

This regional workshop series is presented by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)–including the Office of the Global AIDS Coordinator (OGAC), the Centers for Disease Control and Prevention (CDC), the Department of Defense (DOD), Health Resources and Services Administration (HRSA), and the United States Agency for International Development (USAID); additional support comes from the Foundation for AIDS Research (amfAR), the Global Forum on MSM (MSMGF), and the Pan-American Health Organization (PAHO).

These workshops provide a forum to advance the discussion of and build upon PEPFAR's Technical Guidance on Combination HIV Prevention in addition to the latest knowledge on relevant topics in HIV prevention among men who have sex with men (MSM) and transgender persons (TG) for community, civil society, practitioners, health service managers, and government. The Latin America and Caribbean (LAC) regional workshop is the third in a three-part series, with the first in Johannesburg, South Africa and second in Bangkok, Thailand. These workshops focus on issues relevant to HIV prevention, care, and treatment among MSM and TG, including fostering an enabling environment in these respective regions.

Workshop Objectives

1. Host a forum for LAC-based participants to provide up-to-date, evidence-based, strategic information on the prevention, care, and treatment experiences and needs of MSM and TG through lecture and interactive formats. The workshop will include:
   - Current status, best practices, lessons learned, and impact of comprehensive HIV prevention programs for MSM and TG; topics will highlight coverage, access, linkages, and quality of intervention components, as well as gaps still to be filled;
   - Current status, best practices, lessons learned, and effectiveness of HIV care and treatment services for HIV-positive MSM and TG, including attention to availability, accessibility, quality, and coverage, as well as adherence, support, and retention to antiretroviral therapy; and
   - Current status, best practices, lessons learned, and effectiveness of enhancing the enabling environment and increasing policy development and program implementation of MSM and TG issues.

2. Share country experiences, provide feedback about best practices and challenges of MSM and TG programming, and enhance *collaborative relationships* **with stakeholders** in various countries and sub-regions.

3. Identify technical assistance needs related to the implementation of comprehensive HIV prevention, care, and treatment services for MSM and TG and sources for technical assistance, including in country/regional and south-to-south resources.

Welcome Message

On behalf of the organizing committee, we would like to welcome you to this regional workshop on HIV Prevention, Care, and Treatment for MSM and TG. We are focusing on some of the most challenging areas that drive the HIV epidemic and hope to be successful in shaping our response to it. The distinguished panel of speakers and engaging discussions will address difficult but relevant issues for HIV prevention, care, and treatment and the enabling environment for MSM and TG in the Latin American and Caribbean contexts. We hope that you will participate actively in the discussions and enjoy the next two days in Guatemala City.

Organizing Committee	
Tonia Poteat	OGAC/Washington
Cameron Wolf	USAID/Washington
Angela Davis	USAID/Caribbean
Lisa Carrier	USAID/Washington
Giovanni Melendez	USAID/Central America
Lindsay Stewart	Consultant/Washington
Rafael Mazin	PAHO
Darrin Adams	Health Policy Project
Pato Hebert	MSMGF
Richard Poole	HRSA
Rodrigo Boccanera	PEPFAR/Central America
Lisa Cowan	DOD/San Diego
Gaston Djomand	CDC/Atlanta
Sasha Mital	CDC/Atlanta
Shane Diekman	CDC/Caribbean
Anna Brammer	AIDSTAR-One
Repsina Chintalova-Dallas	AIDSTAR-One
Helen Cornman	AIDSTAR-One
Ben Clapham	amfAR
Diego Solares	USAID/Washington

Workshop-at-a-Glance

Thursday, October 10, 2013	
7:30 – 8:30	**Registration**
8:30 – 9:00	**Welcome and Opening Remarks**
9:00 – 9:30	**Workshop Overview**
9:30 – 10:15	**Setting the Stage: Epidemiology and Coverage**
10:15 – 10:45	**Matching Investment to Epidemiology**
10:45 – 11:00	**Break**
11:00 – 12:00	**Fostering an Enabling Environment: The Human Rights Approach**
12:00 – 13:00	**Lunch**
13:00 – 14:00	**Community Engagement in Fostering an Enabling Environment**
14:00 – 14:15	**Explanation of Facilitated Group Discussions**
14:15 – 15:15	**Facilitated Group Discussions I: Enabling Environment**
15:15 – 15:45	**Feedback from each group**
15:45 – 16:00	**Break**
16:00 – 17:15	**The Evidence Base for Effective HIV Prevention Programs**
17:15 – 17:30	**Synthesis Day 1**
18:00 – 20:00	**Networking Reception**
Friday, October 11, 2013	
8:30 – 9:00	**Synthesis of Day 1: Objectives of Day 2**
9:00 – 10:00	**Challenges in Implementation of Effective Prevention Programs**
10:00 – 10:15	**Break**
10:15 – 11:00	**State of the Art in HIV Care and Treatment**
11:00 – 12:15	**Community Perspectives on Current Status Care and Treatment Programs**
12:15 – 12:30	**Explanation of Facilitated Group Discussions**
12:30 – 13:30	**Lunch**
13:30 – 14:30	**Facilitated Group Discussions II: Prevention, Care and Treatment**
14:30 – 15:15	**Feedback from each group**
15:15 – 15:30	**Break**
15:30 – 16:30	**Increasing Political and Financial Sustainability of HIV Prevention, Care, and Treatment: Working Collaboratively with Networks, International Agencies**
16:30 – 17:00	**Closing Session**

Thursday, October 10, 2013	
7:30 – 8:30	**Registration**
8:30 – 9:00	**Welcome and Opening Remarks** *Moderator: Rodrigo Boccanera, PEPFAR, (Central America)* **Presenters** • Ernesto Ponce, Ministry of Health, (Guatemala), 5 minutes • Elizabeth Rodríguez, PAHO/Central America (El Salvador), 5 minutes • Ricardo García, UNAIDS, (Guatemala), 5 minutes • Eric Castellanos, C-NET+, (Belize), 5 minutes • Tonia Poteat, OGAC (USA), 5 minutes
9:00 – 9:30	**Workshop Overview** Moderator: Cameron Wolf, USAID (USA)
OBJECTIVE: To provide a review of the workshop agenda.	
9:30 – 10:15	**Setting the Stage: Epidemiology and Coverage** Moderator: Rodrigo Boccanera, PEPFAR/Central America (Guatemala) **Presenters** • Sanny Northbrook, CDC/Central America, (Guatemala) 15 minutes • Shane Diekman, CDC/Caribbean, (Barbados) 15 minutes • Q&A, 15 minutes
10:15 – 10:45	**Matching Investment to Epidemiology** Moderator: Diego Solares, USAID, (USA) **Presenters** • Ricardo Valladares, PASCA/HPP, (Guatemala), 10 minutes • Michel de Groulard, UNAIDS/Caribbean, (Trinidad and Tobago), 10 minutes • Q&A, 10 minutes
OBJECTIVE: This session will begin with an analysis of HIV prevention expenditure on programs that benefit MSM and TG vis-à-vis epidemiology in Central America and the Caribbean and will be followed by a discussion of the political and practical challenges that inhibit greater alignment.	
10:45 – 11:00	**Break**

11:00 – 12:00	**Fostering an Enabling Environment: The Human Rights Approach** Moderator: Ben Clapham, amfAR, (USA) **Presenters** • Ken Morrison, Health Policy Project (HPP)/Caribbean, (USA), 15 minutes • Daniel Ponce, National Council to Prevent Discrimination (CONAPRED), (Mexico), 15 minutes • Tamara Adrian, ADRIAN & ADRIAN, Abogados Consultores (Venezuela), 15 minutes • Q&A, 15 minutes
**OBJECTIVE:** To review best practices in decreasing stigma and discrimination in the region as well as addressing violence.
12:00 – 13:00	**Lunch**
13:00 – 14:00	**Community Engagement in Fostering an Enabling Environment** *Robles II, 3rd floor* Moderator: Ben Clapham, amfAR, (USA) **Presenters** • Donovan Emmanuel, The Caribbean HIV/AIDS Alliance, (Barbados), 15 minutes • Marcela Romero, Redlac Trans, (Argentina), 15 minutes • Germán Humberto Rincón Perfetti, Asociación Líderes en Acción, (Colombia), 15 minutes • Q&A, 15 minutes
**OBJECTIVE:** This panel will include discussions of questions such as "What's Worked," "What's Not Worked," "What are the Major Gaps," and "Where Do We Go Now"?
14:00 – 14:15	**Explanation of Facilitated Group Discussions**
14:15 – 15:15	**Facilitated Group Discussions I: Enabling Environment** Facilitators: Tonia Poteat, OGAC, (USA), and Diego Solares, USAID, (USA)

Group	Task	Group Leader	Moderator	Room/Location
Spanish A	Strengths/Weaknesses	Tamara Adrian, Venezuela	Giovanni Melendez	*Encino, 2nd floor*
Spanish B	Opportunities/Threats	Marcela Romero, Argentina	Diego Solares	*Robles II, 3rd floor*
English A	Strengths/Weaknesses	Darrin Adams USA	Tonia Poteat	*Jacaranda, 2nd floor*
English B	Opportunities/Threats	Donovan Emmanuel, Barbados	Cameron Wolf	*Robles II, 3rd floor*
Mixed A	Strengths/Weaknesses	Ken Morrison, USA	Lindsay Stewart	*Sauce, 2nd floor*
Mixed B	Opportunities/Threats	Daniel Ponce, Mexico	Dyllis McDonald	*Irayol, 2nd floor*

OBJECTIVE: This session will analyze enabling environment programs and determine gaps and challenges and possible ways to deal with them through the use of a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The group will be divided into six groups: two in Spanish; two in English; and two mixed (translated).

15:15 – 15:45	**Feedback from each group** Moderators: Tonia Poteat, OGAC, (USA), and Diego Solares, USAID, (USA)

OBJECTIVE: Each group will provide feedback on their main findings, conclusions, and recommendations on creating an enabling environment, gaps and challenges and needs identified for technical assistance and/or south-to-south work to resolve the issues identified.

15:45 – 16:00	**Break**
16:00 – 17:15	**The Evidence Base for Effective HIV Prevention Programs** Moderator: Julia Roberts, Population Services International/LAC **Presenters** • Alfonso Silva Santisteban, Institute of Studies in Health, Sexuality and Human Development (IESSDEH), (Peru) 15 minutes • Jose Toro-Alfonso, University of Puerto Rico, (Puerto Rico), 15 minutes • Discussion, 30 minutes

OBJECTIVE: To describe the evidence base for effective HIV prevention programming among MSM and TG populations in LAC. Best practices, lessons learned, and gaps.

| 17:15 – 17:30	**Synthesis Day 1** Moderators: Tonia Poteat, OGAC, (USA), Cameron Wolf, USAID, (USA)
OBJECTIVE: To describe the evidence base for effective HIV prevention programming among MSM and TG populations in LAC. Best practices, lessons learned, and gaps.	
18:00 – 20:00	**Networking Reception**
OBJECTIVE: To address what we know about MSM and TG HIV prevalence, incidence, and risk behavior; recognizing the similar and different needs of the two groups; gaps and challenges; what can we learn for more effective HIV responses.	

Friday, October 11, 2013	
8:30 – 9:00	**Summary of Day 1; Objectives for Day 2** Moderators: Tonia Poteat, OGAC, (USA), Cameron Wolf, USAID, (USA)
9:00 – 10:00	**Implementation of Effective Prevention Programs** Moderators: Giovanni Melendez, USAID/Central America, (Guatemala) and Angela Davis, USAID/Barbados and Eastern Caribbean **Panelists** • Santo Rosario, COIN, (Dominican Republic) 15 minutes • Elizabeth Rodriguez, PAHO/Central America (El Salvador), 15 minutes • Simon Cazal, SOMOSGAY, (Paraguay), 15 minutes • Q&A, 15 minutes
OBJECTIVE: The panelists will discuss regional experiences of prevention programs. The panelists will review whether existing programs and guidelines are consistent with the evidence base.	
10:00 – 10:15	**Break**
10:15 – 11:00	**State of the Art in HIV Care and Treatment** Moderator: Dr. Javier Salvatierra, MOH, (Peru) **Presenters** • Carlos Rodríguez Díaz, University of Puerto Rico, (Puerto Rico), 15 minutes • Jorge Saavedra, AIDS Healthcare Foundation, (Mexico), 15 minutes • Q&A, 15 minutes
OBJECTIVE: The presenters will discuss current programs and highlight achievements in HIV Care and Treatment for MSM and TG populations.	
11:00 – 12:15	**Community Perspectives on Current Status Care and Treatment Programs** Moderator: Ken Morrison, HPP/Caribbean, (USA) **Panelists** • Fernando Muñoz, ASICAL, (Chile), 10 minutes • Eric Castellanos, C-NET, (Belize), 10 minutes • Diane Rodríguez, amfAR, (Ecuador), 10 minutes • Donovan Emmanuel, The Caribbean HIV/AIDS Alliance, 10 minutes
OBJECTIVE: To both share experiences, barriers, and breakthroughs in MSM and TG HIV care and treatment and gain a clear understanding of MSM and TG HIV care and treatment experiences, both separately and integratively.	
12:15 – 12:30	**Explanation of Facilitated Group Discussions**

12:30 – 13:30	Lunch
13:30 – 14:30	**Facilitated Group Discussions II: Prevention, Care and Treatment** Facilitators: Tonia Poteat, OGAC, and Diego Solares, USAID

Group	Task	Group Leader	Moderator	Room/Location
Spanish A	Strengths/Weaknesses	Diane Rodríguez, Ecuador	Helmuth Castro	*Encino, 2nd floor*
Spanish B	Opportunities/Threats	Fernando Muñoz, Chile	Diego Solares	*Robles II, 3rd floor*
English A	Strengths/Weaknesses	Eric Castellanos, Belize	Darrin Adams	*Jacaranda, 2nd floor*
English B	Opportunities/Threats	Donovan Emmanuel, Barbados	Tonia Poteat	*Robles II, 3rd floor*
Mixed A	Strengths/Weaknesses	Ian McKnight, Jamaica	Cameron Wolf	*Sauce, 2nd floor*
Mixed B	Opportunities/Threats	Alfonso Silva Santisteban, Peru	Rodrigo Boccanera	*Irayol, 2nd floor*

OBJECTIVE: The plenary speakers from the previous session will work together with facilitators to lead the group discussions and use their previous presentations. Different groups will perform SWOT analysis for a specific portion of the prevention, treatment, and care continuum.

14:30 – 15:15	**Feedback from each group on their main findings, conclusions and recommendations** Moderators: Tonia Poteat, OGAC, (USA) and Diego Solares, USAID
15:15 – 15:30	**Break**
15:30 – 16:30	**Increasing Political and Financial Sustainability of HIV Prevention, Care, and Treatment: Working Collaboratively with Networks, International Agencies** Moderator: Pato Hebert, MSMGF, (USA) **Presenters** • Silvio Martinelli, Global Fund/LAC, 15 minutes • Alejandra Trossero, UNDP/LAC, (Panama), 15 minutes • Q&A, 30 minutes

OBJECTIVE: To both share experiences, barriers, and breakthroughs in MSM and TG HIV care and treatment and gain a clear understanding of MSM and TG HIV care and treatment experiences, both separately and integratively.

16:30 – 17:00	**Closing Session** • Tonia Poteat, OGAC, (USA) • Ben Clapham, amfAR, (USA) • Pato Hebert, MSMGF, (USA)

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