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Outcome Document

Connecting Asia:

Mobilising a community-led HIV response using Information and Communications Technology

USAID FROM THE AMERICAN PEOPLE

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LINKAGES Across the Continuum of HIV Services for Key Populations

UNAIDS

Acknowledgements

Outcome Document:

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This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES, a five-year cooperative agreement (AID-OAA-A-14-00045), is the largest global project dedicated to key populations. LINKAGES is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

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Cover Photo: www.shutterstock.com

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fhi360
THE SCIENCE OF IMPROVING LIVES

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
FHI360	Family Health International
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
KP	Key Populations
LINKAGES	Double Key Populations
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MTV	Music Television (cable TV channel)
NGO	Non-Governmental Organization
PEPFAR	President's Emergency Plan For AIDS Relief
PLHIV	People Living with HIV/AIDS
PSI	Population Services International
STI	Sexually Transmitted Infection
TG	Transgender
UNAIDS	United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

Foreword

Over the past decade our thinking about HIV has been transformed. AIDS-related deaths have been decreasing, thanks largely to a rapid increase in accessible and affordable treatment in many countries and the number of new HIV infections has decreased. The progress we have seen has given rise to discussions about the possibility of ending the AIDS epidemic as a public health threat by 2030 – a conversation that was unimaginable only a few years ago.

The global community has taken up this challenge and is hard at work to end AIDS by 2030 and is striving to ensure that in the next few years 90% of people living with HIV know their HIV status, 90% of people with knowledge of their status are on treatment, and 90% of those on treatment have suppressed viral loads.

What is clear, however, is that achieving these goals won't be possible without new thinking and new approaches, including innovations in outreach and service delivery as crucial elements in achieving the 90-90-90 targets.

UNAIDS believes that Information and Communications Technology (ICTs) are critical components for enhancing the reach and effectiveness of HIV programming. The technologies that are becoming available even in the most remote corners of the world are rapidly becoming key elements in increasing efficiencies in HIV programmatic work, but also in helping to link the communities of supporters and partners-- civil society, CBOs, faith-based organizations, researchers, private sector companies, advocacy groups, scientists, health care providers and government officials -- together to accelerate towards ending AIDS.

UNAIDS understands that ICTs are breaking down barriers between CBOs and health care workers, while facilitating real time data sharing which enables a more supportive and equitable healthcare environment for everyone. ICTs and digital social platforms increase the capacity of implementers to creatively develop messages about HIV services, collaborate in their dissemination across platforms, and track and manage the follow-up and linking of care beyond the point of contact. This happens through multiple partnerships and multiple collaborations across the public and private sector – all assisted by rapidly developing technologies.

Innovation and new approaches are crucial if we are to succeed in Ending AIDS as a public health threat by 2030. Under Secretary-General of the United Nations and UNAIDS Executive Director Michel Sidibe reinforced this thinking in his introduction to the UNAIDS 2016-21 Global Strategy, saying that as we build on science and innovation, we need fresh thinking to get us over the remaining obstacles to achieving our 2020 and 2030 targets.

As a connected community, with ICT solutions that are community-based, and community-led, we believe we have the possibility to end AIDS by 2030.

Eamonn Murphy

Director, UNAIDS Regional Support Team for Asia and the Pacific

Foreword

USAID congratulates APCOM on hosting "Connecting Asia" – a forum that allowed partners and representatives from community-based organizations and governments, and experts in Information and Communications Technology (ICTs) to interact and share innovations to reach UNAIDS 90-90-90 goals, particularly among men-who-have-sex-with-men (MSM) in Asia. Through the LINKAGES Project managed by FHI 360, USAID was honored to be a co-sponsor of the forum. ICT approaches promise to accelerate access to the entire range of HIV cascade services: promotion of consistent condom use, HIV testing, pre-exposure prophylaxis (PrEP), and early initiation of anti-retroviral (ARV) treatment to those who are HIV+.

Only a few years ago, community-based outreach in physical locations based on mappings of where MSM gather was the standard intervention to reach men and change community norms related to condom use and HIV testing. But as many MSM moved to using the growing number of technology-based applications to meet other men and form "virtual" communities, HIV prevention strategies needed to rapidly change to reach MSM in these new on-line venues.

And change they did. As witnessed at the Connecting Asia forum, organizations are meeting the prevention needs of MSM in these virtual spaces with innovative, targeted, and highly interactive communications on why they should seek HIV testing, where, and how to involve their peers in these efforts. APCOM's TestBKK initiative for MSM in Bangkok (and now expanded to other locations in Asia), PATH's use of Facebook in the Healthy Markets Project in Vietnam, and the LINKAGES Project's use of "eCascade" to track how well outreach workers perform in getting individuals, particularly those HIV+, to know their status – are only three examples of an increasing number of ICT approaches that use the power of technology to improve access to critical HIV services.

And yet there is so much more to harness from these technologies. Despite the success of existing interventions, most of online ICTs services are still in their early stages of development and reaching a select group of people compared to the far higher numbers needed to bring about HIV epidemic control among MSM.

As we move forward with honing these indispensable on-line interventions, we need to remind ourselves that the vast majority of these tools are supported by international donors. As a result of ongoing reductions in donor funding, we must advocate for host governments to financially support these valuable ICT interventions as an integral component of their comprehensive HIV response. By working together, it is possible to end AIDS as a public health threat.

Melissa Jones

Director, Office of Public Health
U.S. Agency for International Development
Regional Development Mission for Asia (USAID/RDMA)

Introduction by Executive Director

The innovative and targeted use of ICTs holds great promise in closing gaps in the continuum of HIV prevention, care, and treatment. Communities across Asia are becoming increasingly innovative, technologically savvy, and bold in the use of ICTs to strengthen the HIV response across the project cycle--from outreach, to service delivery, to monitoring and evaluation. Early feedback from community efforts — aimed at enhancing rather than replacing traditional peer service delivery — shows promising results.

However, these efforts are not easy. HIV service providers are operating within a time when, globally new infection rates are rising, international financing is waning, and the recognition of HIV as a global threat is in decline. In recent years, HIV programs have seen diminishing returns in lowering infection rates, especially among younger and more tech-savvy MSM who are typically less receptive to conventional sources of information. Additionally, ICT is a rapidly changing landscape; what is considered new technology today may be out of date in less than a year's time. The community must be able to be flexible, adaptable, and responsive to swift changes.

The community is now facing the question of how to expand and sustain ICT use to overcome these challenges and drive down HIV infections. APCOM, in partnership with PEPFAR under the USAID LINKAGES Project (implemented by FHI 360) and UNAIDS convened Connecting Asia, a regional consultation on effective and innovative community-led ICT strategies that can help countries in the region reach the UNAIDS 90-90-90 targets. The consultation brought together 170 individuals from 29 countries, representing community-based organizations, healthcare providers, private sector representatives, academic researchers, donors, and government officials.

Over the course of 2.5 days, participants discussed the use of ICT by various regional entities working towards achieving 90-90-90. The focus was on innovative technologies that have shown tangible results, highlighting what the community is learning from current ICT program efforts in order to guide future scale-up to accelerate progress. The consultation is not an end or outcome in itself, but one step further in facilitating a strengthened community response. It is where the community goes from here and the techanical assistance follow-up that results which will prove its impact. This document is an outcome of this consultation, and serves to further the discussions around what is needed for a community-led ICT response in Asia, identifying key required inputs, actions, and lessons learned thus far in the ICT response.

Midnight Poonkasetwattana

Executive Director, APCOM

Executive Summary

The innovative use of existing and new ICTs will close gaps in the continuum of HIV prevention, care, and treatment, as well as improve sexual health and overall well-being of men who have sex with men (MSM) and transgender (TG) populations across Asia. ICT strategies hold the potential to break down barriers in accessing health services in Asia, where the HIV epidemic is high and where societal stigma and discrimination is widely prevalent. They are an important tool to help Asia reach the UNAIDS 90-90-90 targets, so that by 2020 90% of people living with HIV know their HIV status; 90% of people with knowledge of their status are on treatment; and 90% of those on treatment have undetectable levels of HIV. This work opens doors to new partnerships and involvement of new players and stakeholders to accelerate progress in improving sexual health and well-being.

Negative societal attitudes towards same-sex sexuality and overall punitive laws hinder MSM and TG populations from accessing services. Appropriate and swift responses at the national and regional levels will be crucial to guarantee key populations (KPs), can access health services without fear, and ultimately live healthy lives. ICT strategies enhance advocacy efforts to achieve an improved policy enabling environment and supportive legal frameworks, guaranteeing that health services are delivered without hindrance to meet the needs of MSM and TG populations.

Community resources are the places that people living with HIV (PLHIV) and KPs turn to first for support. Therefore, ICT programming will be most effective if it is community-based and community-led. Many Community-based Organizations (CBOs) across Asia are rolling out creative ICT campaigns that show promising initial impact. The consultation also highlighted that a variety of models CBOs are using not only to reach MSM and deliver campaigns, but to engage, track and deliver HIV related services as well. However, more is needed. It is time to grow these small-scale projects and mobilize a robust community-led ICT response across Asia.

What is needed, and what is possible, with a community-led ICT response in Asia

Required Inputs

People

- Key populations who are empowered to participate in and lead program implementation
- Leaders in the HIV community who value and prioritize ICT use in the HIV response
- Programmatic staff at the community-level with the time and technical skills to implement ICT projects

Partners

Collaboration and coordination across:

- CBOs
- NGOs
- Civil society
- Academics and researchers
- Public health workers
- Private sector (social media, dating and hookup applications, IT development, television, etc.)
- National and local governments

Policies and plans

- Strategic programmatic action plans with measurable targets
- Digital security governance to secure individual and organizational data privacy
- Monitoring and evaluation plan

Resources

Technologies:

- Mobile phones
- Computers
- Tablets
- Internet infrastructure
- Cellular service infrastructure
- Data servers
- New technologies not yet developed

Finances:

- Sustained funding for HIV ICT response, as well as maintenance of organizational systems, salaries for staff and the capital for core operations, and training costs.

Required Actions

CBOs across Asia utilize ICTs in innovative ways to:

- Increase the reach of HIV prevention messages
- Encourage HIV testing and support service delivery
- Improve retention and adherence to antiretroviral therapy (ART) programs
- Fight stigma and discrimination in societal and healthcare settings
- Advocate for improved legal and political environments
- Strengthen monitoring and evaluation practices
- Enroll MSM and TG into HIV research studies

These actions are carried out utilizing:

- Social media platforms
- Digital messaging services
- Mobile applications, including dating apps and health appointment booking apps
- Television and radio
- Digital video forums
- SMS messaging
- Websites
- Email
- Online analytics
- New technologies and applications not yet developed

Outcomes

SHORT Term

Community response is sustained

Peers engaged to participate in outreach.

Community members take leading roles in programmes.

Programmes respond to community-determined preferences.

Communities are socially and politically mobilised.

Policymakers and donors are receptive to ICT HIV response

Understanding of the importance of an HIV response is achieved.

Discrimination and violence against people most affected are recognised and addressed.

Greater accountability to KPs and civil society is secured.

Discrimination in public health-care settings is addressed.

Behavioral and M&E data used iteratively to inform programming

Market and demographics research provides understanding of subpopulations to target response and move away from monolithic gender approaches.

Online analytics and M&E efforts provide insight into what does and does not work to achieve desired outcomes.

HIV & health services are accessed by KPs

Hidden populations unreached by traditional outreach and KPs most vulnerable to HIV are reached and engaged in meaningful dialogue.

Quality assured, nondiscriminatory HIV counseling, testing, treatment, and follow-up services are accessed by KPs at an increasing rate.

STI screening and treatment and other sexual health services are accessed by KPs at an increasing rate.

HIV-related risk behaviours among MSM and TG populations are reduced.

MEDIUM Term

Community response is sustained

Communities strengthened and sustainable CBO systems are built, including required funding.

Communities strengthened to exercise collective voice and active citizenship.

Policymakers and donors are receptive to ICT HIV response

Key populations decriminalised across Asia.

Domestic funding allocations increase.

Donor funding allocations increase.

Behavioral and M&E data used iteratively to inform programming

Campaigns are continually focalized for specific groups within subpopulations.

Programs are adaptable to constantly evolving needs and behavioral trends of KPs.

HIV & health services are accessed by KPs

KPs do not fear accessing sexual health services and do not experience discrimination at health facilities.

90% of people living with HIV knowing their HIV status.

90% of people with knowledge of their status being on treatment.

90% of those on treatment having undetectable levels of HIV.

Reduction of STI incidence and improved overall sexual health and well-being.

LONG Term

The AIDS epidemic is ended.

Legal and normative stigma and discrimination against MSM and TG populations is eliminated.

The U.S. Ambassador to Thailand Glyn T. Davies delivering a keynote address at Connecting Asia

About this document

This report aims to identify the critical enablers for community mobilisation of ICT use and support those involved in the HIV response to better articulate the added value that ICT plays in improving health outcomes. It is understood that the full spectrum of needs and activities described above will not happen in a linear nor uniform way across Asia. Various factors such as local contexts, political environments, demographics of target populations, and capacity of CBOs will all impact when, where, and how ICTs are integrated into program use.

The summary of key trends in ICTs, case studies of current program pilots, lessons learned by the community thus far, and key considerations moving forward provided in this report can inform:

- **Community-based organizations:** project design ideas for potential adaptation and scale for required actions, as well as detailed considerations on required organizational capacities to effectively implement ICTs for required inputs.
- **Donors:** evidence on the potential ICTs have in tackling HIV rates and subsequent stigma and discrimination, and why investments in ICTs add considerable value to the HIV response.
- **Researchers:** identification of gaps in current knowledge of key populations and of targeted use of ICTs that can be addressed by additional research strategies and analyses.
- **Governments:** specific areas where national-level support can facilitate and accelerate a strengthened community-led HIV ICT response.

Connecting Asia: A Regional Consultation on ICT, HIV, MSM
and Getting to the 90-90-90 Targets Conference 2017
Bangkok, Thailand

I. Introduction: Why communities are using ICTs in the HIV response

Information and Communications Technology (ICT) refers to technologies that provide access to information through telecommunications. This includes the internet, wireless networks, mobile phones, and the cloud, as well as the platforms accessed using these technologies such as websites, mobile phone applications, social media sites, email, messaging, and audio/video streaming. However, ICT is more than a list of components. It is the application and integration across those various components where real potential and power of ICT is found, and which is revolutionizing the HIV response.

Progress must be accelerated to achieve Asia's 90-90-90 fast-track targets

According to the WHO's progress report - HIV/AIDS in the South-East Asia Region and UNAIDS' Global HIV/ AIDS response progress report in Asia and the Pacific, HIV disproportionately affects men who have sex with men (MSM). MSM HIV infection rates are above 6% in Myanmar, Vietnam, China, Indonesia, Malaysia and Thailand, reaching 13.7% in Mongolia. Several cities in the region, including Ho Chi Minh, Jakarta, and Kuala Lumpur top 15%. In Bangkok, almost one in four MSM is HIV-positive. The incidence of HIV among young MSM (under the age of 24) stands at 7.5% in Bangkok and is possibly higher in other major cities where infection rates are not as well documented.

During the consultation, Steve Kraus, the then Director of UNAID's Regional Support team for Asia said that if current trajectories hold, Asia will experience 290,000 new infections in 2020, falling 200,00 infections short of its fast-track target of 90,000 new infections. Still less than half of men in the region know their HIV status. This is however not the only about testing; our concern must also be drawn to the low rates of treatment uptake and retention among those who do know their status. Community organizations recognize that traditional HIV prevention and treatment outreach strategies have limited reach and are resource-intensive; these strategies alone are not going to get Asia to the 90-90-90 targets. The HIV community is becoming increasingly innovative, technologically savvy, and bold in the use of ICT strategies to catalyze impact.

MSM and transgender individuals–especially the young–are increasingly living their lives online

MSM and transgender (TG) communities across Asia, especially younger populations, are frequent users of online social platforms. Individuals are moving en masse from personal, face-to-face interactions to ones in the digital space. Virtually everyone is connected. According to Steve Kraus, "In Asia, 1.541 billion people actively use social media, and, 1.441 billion use mobile phones to access these sites. Key populations already use ICT to facilitate many social interactions and sexual hookups, and a host of private for-profit platforms exist to negotiate these offline social and sexual encounters. ICT serves an important role for individuals who otherwise may find it difficult to find and meet each other, particularly given the stigma and criminalization of same-sex sexual relations that exists in many countries in Asia".

Anonymity and availability of online spaces increases inclusivity

Homophobia, discrimination, and stigma are common structural and social factors that result in MSM and TG individuals being fearful of accessing sexual health services,thus increasing vulnerability to HIV infection. ICTs enable service providers to be client-centered, taking messages and services directly to the clients in the spaces they frequent and often feel most safe.

It allows individuals to protect their identity and remain anonymous, to ask questions and engage in dialogue without fear or stigma, and to access online information on sensitive or taboo topics in countries with restrictive legal and political environments.

ICTs are revolutionizing the sexual health service delivery landscape

Using ICTs holds the potential to drive measurable programmatic improvements across the cascade of HIV prevention, care and treatment services: it facilitates collecting and disseminating information, linking virtual content to physical services and complements offline components of HIV programmes. In Asia, rapid expansion of strategies which employ ICT—either through the use of mobile phones, the internet or other digital platforms—are:

- Accelerating the dissemination of HIV prevention and treatment messaging
- Increasing access to testing and treatment services and enabling remote health consultations
- Engaging the public in supportive dialogue around gender and health
- Facilitating collaboration and cooperation among health workers, including sharing of learnings and training approaches
- Strengthening the ability to monitor and evaluate the success of health campaigns and
- Improving the efficiency of administrative systems in health campaigns and care

Ethica Strategy David Kuefler delivering analytics for advocacy

II. Getting started: laying the organizational groundwork for a community-led response

To accelerate impact and scale-up ICT use, there are several building blocks to have in place at the organizational level which together set the stage for a sustainable ICT response.

People

Leadership and commitment

Greater integration of ICTs into HIV programming requires organizational leadership that prioritizes the use of ICTs in programmatic work and commits to developing the organizational infrastructure required for its adoption. Support and motivation from leadership for staff in the initial hurdle of learning and integrating ICTs is crucial to maintaining morale and reducing staff turnover from burnout.

Adequate staffing with strengthened technical capacity

Ensuring the needed skills exist to safely and effectively use ICTs requires training and capacity building of staff. Key areas of competency include the effective use of online platforms, designing and implementing creative campaigns, developing targeted ads, technical skillsets in data security and privacy to protect organizational data and individual identities, and knowledge of analytics functions to effectively monitor and evaluate programmatic success. Additionally, as organizations scale-up their own capacity, they must also consider the needs at the community level and opportunities to further strengthen the community's uptake of technology and empower individuals to use ICT in a way that ensures its full potential.

Community inclusion and feedback

Community members' needs and preferences should be the driving force in determining programmatic direction. Community-member input should be sought through consultations, focus groups, and other feedback collection strategies. Listening to youth voices is particularly critical. Adolescents are often the most in-touch with the latest technology platforms and lead evolutions in popular behavior trends. It is important to be considering how new technologies, new social media platforms, and new trends in online interaction can be continually and iteratively integrated into existing strategies to maintain programmatic relevance.

Partners

Collective action and strategic coordination across CBOs, academics and researchers, public health workers, governments, and the private sector will amplify efforts and accelerate progress towards achieving the 90-90-90 targets. Partnerships are already playing a key role in program success. Increased facilitation of these partnerships and communication across CBOs will expand coverage and fill any programmatic gaps.

Working across stakeholders, CBOs can draw on a strengthened research environment, partnering with researchers, data analytics specialists, and the private sector to better understand key populations through targeted data collection and to track and achieve outcomes. CBOs also have a unique role to play in partnership and advocacy with national governments, facilitating the link between community members and government officials to raise the visibility of community member needs. The private sector will be a significant help to develop and take to scale ICT-related projects. These partnerships generate innovation in technologies and mobilize long-term private financing for future programming.

Policies and plans

Organizational policies that include specific guidelines around staff use of technology and well-developed strategic plans with actionable activities and measurable targets, are critical before ICTs implementation. As best as possible, these strategies should be localized to address specific contextual challenges - like language barriers, limited access to technology and/or internet - and local preferences and use-habits of digital platforms. The strategy should include a clear plan for routine monitoring and evaluation, which iteratively integrates learnings into program design.

Ability to collect and analyze electronic data can improve performance of HIV program functions. However, digital information can be easily and rapidly copied, transported and disseminated in very little time, to unauthorized individuals. If mishandled, this data can put people at risk of discrimination and harm. Therefore, programs must strike the balance of leveraging all the valuable insights data analysis can offer while still protecting privacy. For example, particularly in resource-limited settings, we make arguments about implementing ICT solutions using partner staff members' personal technology, but in asking outreach workers to use their own phones, they end up storing clients' personal health data on their own devices. Robust organizational guidelines and protocols for how information is collected, where information and equipment are stored, and how information is shared can mitigate these risks. When person-centric data is collected, unique identifier codes (UIC) which allow programs when track individuals without learning and revealing who they are can strengthen efforts to protect privacy.

Finally, organizations should be prepared for potential negative backlash received online and have strategies in place to handle trolling and hate-speech directed at community members, staff members, and all program efforts.

Resources

Technologies

Carrying out ICT programs requires access to these technologies themselves. While technologies like mobile phones and computers are common in organizations, additional technologies, especially new technologies and accompanied software, may need to be required to carry out program objectives. The strength of internet and cellular service infrastructure, which varies across countries and townships, will impact decisions on program strategies and design. It should not be forgotten that that access to technology and technological literacy are not evenly distributed across target populations, and any strong, ICT-centric program design would also take into consideration those audience segments who that not well-served through a technological approach.

Sustained funding

ICT programs will require additional staff and technology resources. This requires both new funding as well as reorientation of existing program funds to prioritize ICT elements in resource and staff allocations.

Financial resource gaps are likely to be one of the biggest obstacles for CBOs. Strong investment cases are needed to be communicated to funders, demonstrating robust evidence of the efficiency and efficacy of using ICTs, and clearly articulating the priority need despite HIV transmission levels being in decline. Funding diversification will be critical as traditional donors like PEPFAR and the Global Fund are waning. New funding streams must be explored, including leveraging investments from the private sector and other innovative financing mechanisms.

Connecting Asia: A Regional Consultation on ICT, HIV, MSM and Getting to the 90-90-90 Targets Conference 2017
Bangkok, Thailand

III. Taking Action: How the community is achieving outcomes with ICTs

Engaging traditionally unreached populations utilizing online outreach

One of the biggest challenges in ending HIV will be finding and reaching the individuals least likely to present to health service centers--often those who fear stigma and discrimination. While many of these individuals may be missed with traditional outreach, CBOs are making contact in the digital spaces our target populations are already frequenting. Social media platforms like Facebook and Twitter and online messaging services such as Whatsapp, Line, Viber, WeChat, and QQ all offer effective means to anonymously engage individuals in dialogue.

Utilizing targeted advertisements on social media sites and hookup and dating applications, CBOs are sharing messages in venues that the community identifies as their own, increasing the likelihood of user acceptance. Platforms that allow promoted content demonstrate promise in expanding reach while maintaining focus on the specific marketing segment. Technological advancements and developed algorithms allow for specific ads to be shown to certain users based on characteristics such as gender, age, ethnicity, interests, and geographical location. With options of boosting content and paid advertisements, the possibilities grow to ensure messages are seen by the target individuals. CBOs are getting creative - using sexy photos, provocative messages, and humor to grab people's' attention and help ensure the messages stands out in barrage of messages that bombard social media users every day.

Reaching communities through discreet messages in Myanmar

In the last year alone, internet users in Myanmar increased by 97% and active social media users increased by 84%. PSI TOP is capitalizing on this digital revolution, conducting online outreach through social platforms such as Facebook and Grindr. Using Viber, the messaging application of choice in Myanmar, PSI TOP's social media team is engaging in direct dialogue with community members. The team holds over 500 discrete conversations with potential clients every month. Peer outreach workers are connecting in person with people throughout the city -- at bus stops, on trains, and in front of betel nut shops -- and are able to instantaneously move physical outreach to confidential online conversations by switching to conversations over messenger. Using the Zapya app, these outreach workers are also able to make direct transfers of files and informative resources from their phone to a potential client's phone, all without having to say a word. The privacy and secrecy of these interactions increases safety and comfort of the client. Additionally, physicians in Myanmar are using private Viber closed-group messages to share best practices, discuss clinical questions, and strengthen capacity building across practitioners to best meet the needs of key populations.

Disseminating messages through dating applications in Cambodia

According to a 2016 report, the average Grindr user in Cambodia accesses the dating application 7.3 times a day for a total of 75 minutes. USAID- Flagship working together with LINKAGES Cambodia is capitalizing on this captive audience, and using the dating application as a means for targeted message dissemination. Piloting the project in Phnom Penh in 2016, USAID- Flagship with LINKAGES Cambodia disseminated messages to 420 users, resulting in 68 getting tested. Learnings show that this method of outreach is more efficient, requiring less human and financial resources than in-person outreach, and results in higher yield of new case detection. Additionally, MSM feel more comfortable using the app for discussion as the confidentiality gives users confidence to chat.

Improving testing and treatment rates: moving from online platforms to physical services

Once communities have been reached online, CBOs then face the challenge of ensuring these individuals get the testing and treatment services they need. ICTs allow integration and linking of multiple websites and services to direct traffic from an advertisement to service provider information--specifically those with LGBTQ-friendly policies and staff, and in some cases, offer immediate ability to book an appointment online. Partnerships and geo-mapping of services around Asia Pacific allow CBOs to refer users living throughout the region to service delivery networks in their proximity. Community partnerships and clinical partnerships can help ensure follow-up and support along the continuum of care. The use of mobile appointment booking applications makes it easier and more convenient for individuals to immediately make an appointment upon seeing an advertisement. Experience is showing that removing the hassle involved in making an appointment and client-driven initiative helps to improve loss to follow-up rates.

Community driven comprehensive response center

In the Philippines, PinoyPlus is utilizing multiple communication entry points to disseminate information and respond to community needs. The PLHIV Response Center is a centralized resource platform providing HIV information by responding to PLHIV inquiries made by phone, Facebook message, mobile application, or email; facilitating collaboration of PLHIV Service Providers, and ensuring responses to the various needs of PLHIVs. The center connects individuals to social counseling, financial assistance programs, and needed medical services and testing centers. Central to the center's success is that it is community driven: with PLHIV serving as administrators and responders. Importance is given to the documentation of records and efforts are being focused now on ensuring follow-through with service providers.

iReserve in Vietnam

In Vietnam, PATH is hard at work making sure individuals reached virtually receive the physical services they need. Through sex-positive campaigns like My Future. My Choice, PATH is increasing awareness of available HIV testing and prevention services, and generating trust and motivation in the MSM community to seek these services. Online forums play a large role in promoting these efforts, particularly Facebook pages like Rainbow Hamlet, which use humor and sexy messaging to connect with individuals while also disseminating health information. Through partnership with MTV Vietnam, these messages are being reinforced and cross-referenced on popular talk shows, taking these conversations right into people's homes.

PATH is also pioneering the use of online outreach by individuals trained to give both counseling and testing services. The online bond formed between an individual and counselor decreases reservation to get tested, as that same counselor can conduct the physical test. These methods have been particularly effective with youth. To reach older generations, PATH is partnering with Grindr and Hornet to link users to services directly through online booking applications like Toyhem or iReserve. These online booking services automatically send appointment requests to CSOs, guaranteeing nobody is missed. Through these interactions, PATH is able to track progress on the number of individuals who present for testing, record feedback on reasons for getting testing, and conduct follow-up with online referrals. Early results are showing great promise in strengthening the prevention and treatment cascade.

Widening reach through private sector engagement

Websites and applications that facilitate meetups and finding sexual partners are frequented multiple times a day by MSM and TG populations, allowing for many opportunities to capture users' attention. CBOs are creatively using public private partnerships with hookup and dating application companies like Grindr, Hornet, Scruff, GROWLr, BarebackRT, Jack'd, and Blued to develop and disseminate banner ads that remind users of the need for safe sex practices and routine testing, and are linking users directly to simple testing booking services. These messages are also helping to normalize conversations on these platforms around one's HIV status and reducing stigma and discrimination.

Community driven comprehensive response center

Blued, a comprehensive app for gay social networking, is working to change the life of gay men with technology. With over 30 million registered users, of whom most use the app more than 45 minutes per day, Blued is well-positioned to capture attention and deliver HIV messaging. With its user base primarily in China, Blued is partnering with UNAIDS, WHO, GAP China Office, NCAIDS, Chinese Association of AIDS/STD, Chinese Preventive Medicine Association, CBOs, and the media to promote HIV/AIDS awareness and deliver health information. 46 CBOs are able to deliver health information, promote HIV testing and carry out HIV/AIDS related care programs through Blued. Eight testing centers have been established across China with an online testing reservation system developed by Blued. As of 2016, in Beijing alone, 22,857 were covered by HIV interventions measures, 6,346 were tested-- of whom 30% were never tested before - and 305 were diagnosed to be HIV positive. Blued is also using its reach to conduct scientific research activities, such as population size estimation, high-risk behavior surveillance and investigations into patterns of migration.

Reducing discrimination, stigma, and taboo topics around HIV prevention and testing

In many countries across Asia, topics related to sex and gender remain taboo. Restrictive legal environments and discriminatory societal norms present real challenges to communities and to effective HIV service delivery. Implementers, advocates, and members of key populations are working together to change conditions in large and small ways in the legal, political, cultural, and social factors that facilitate or impede access to services. Expanding reach into popular social media platforms means greater social inclusion and awareness, decreasing stigma and discrimination. Through these efforts, communities are proving that supportive environments and empowered communities facilitate HIV cascade flow.

CBOs are working with television companies and pop culture icons to integrate positive and informative messaging into mainstream media to address and break down misconceptions around health and gender that result in stigma and discrimination. Going a step further, ICT platforms are then being used to engage communities in dialogue online on the topics addressed in traditional media and to provide additional health information. Online resources allow individuals to easily obtain information, counselling, and social support to develop greater optimism and a perception of less isolation.

Tackling Stigma and Discrimination, one Episode at a Time

MTV Shuga:

MTV Shuga is a television series with a powerful message. Fusing public health messaging with compelling drama, MTV Shuga is part of a 360-degree multimedia campaign to promote positive and open conversation about gender and sexuality in Africa. Currently in its fifth series, the show openly addresses topics such as safe sex, gender identity and coming out, HIV prevention and testing, teen pregnancy, and gender-based violence within its compelling and relatable drama. By bringing these messages right into people's living rooms, MTV Shuga is fighting discrimination and reducing stigma by normalizing topics often considered taboo. Specialized for each country context in which it is aired, the extent to which sensitive topics are explored depends on the respective legal environment. However, MTV Shuga is harnessing the power of the internet by distributing full, uncensored versions online, so that anybody from any country, regardless of their home-country context, can access the information from the show. MTV engages conversations that result from themes in each episode through comments on Facebook, YouTube, blogs and other online platforms. The team regularly answers questions, and when appropriate disseminates additional resources, on topics ranging from when to take PrEP, how to come out to one's parents, when to get tested, and more.

MTV Vietnam:

In partnership with PATH, MTV Vietnam is boldly making a statement in support of MSM and TG communities. Through MTV Bus and MTV iLive, two popular talk shows available on most Vietnamese cable channels, MTV is tackling sensitive topics with their already captive audiences. Openly discussing subjects on gender and sexuality, MTV is normalizing discussions in the home on everything from safe sex practices, PrEP, PeP, and other topics related to MSM and TG sexuality. These shows have the ability to open minds and provide community support and encouragement. Fans who watch the show can then take discussions started on the show online through Facebook pages like Rainbow Town, sharing questions and information relevant to the MSM and TG community, and be linked back to health CSOs. These online forums ensure KPs can access needed information on how to access LGBT health clinics and other needed support and services.

Empowered communities and task sharing

Individuals best positioned to reach others are those who are active members of the community themselves. Using ICTs to connect with these mobilizers, who are often leaders of Facebook groups and moderators of online chats, and empowering them to join the cause of sharing health messaging is an effective means to deliver information to specific communities and encourage the leap from online interactions to real-world service delivery.

Partnering with Peer Mobilizers to increase Services Uptake

In India, young members of Men who have Sex with Men (MSM) community are increasingly using social media platforms such as Planet Romeo, Whatsapp, and Facebook to meet sexual partners. LINKAGES India recognizes that existing approaches focused on targeted face-to-face interactions are not enough to reach these individuals. LINKAGES India is using the Enhanced Peer Outreach Approach (EPOA) model to reach the unreached operating in virtual spaces. The model relies on an informal network of incentivized peer mobilizers who recruit clients from within their social and sexual networks to seek testing. Internet outreach workers recruit seeds through messaging on the social platforms. These seeds are given four coupons for HIV testing to be distributed to individuals within their own social networks, and receive incentive payments for each eligible client successfully recruited for HIV testing. Individuals who present for testing are given coupons themselves to further distribute to people they know, creating a radiating effect into communities typically beyond targeted interventions programmatic reach. Coupons are numbered and tracked, to allow LINKAGES to track which peer mobilizers are reaching the most at risk population and to monitor efficacy of the strategy. A brief profile of the client is also collected to help analyze the demographics and risky behavior. The clients who are found positive are linked to treatment services and the negative are engaged in prevention services regularly.

Monitoring and evaluation to measure impact and capture learnings

Digital resources are capable of creating an ecosystem of connectivity that generates substantive data. Harnessing feedback using online analytics tools, surveys, direct messaging, and other data collection resources is a valuable way to gain insight into what is working--and what is not working--for communities. Websites which link users to online booking systems or other methods of follow-up, allow programs to track numbers of individuals who accessed services based on initial online outreach conducted, as well as identifying hotspots of positive infection.

Robust use of online analytics is enabling programs to capture not just the number of people being tested, but also the number reached, by harnessing data on number of advertisement views, shares, and engagements. These numbers provide compelling evidence to donors to sustain or increase funding for ICT programmatic use. Real-time data collection allows programs to iteratively make programmatic decisions and adaptations to ultimately improve efficacy and continually guarantee community needs are being met.

Case Study

Mahidol University, in partnership with APCOM, is utilizing ICTs to gather robust evidence on APCOM's TestBKK: Suck F*#KTest Repeat campaign. To gather evidence, Mahidol established a cohort of target individuals -- MSM between the ages of 18 to 24 who reside, work, or attend college/university in central Bangkok-- by conducting recruitment at popular hangout spots and major public events throughout the city. Online questionnaires were developed by Mahidol using SurveyMonkey, and were then self-administered by the participants a total of three times: after initial recruitment, after 4 months, and after 8 months. Each time, follow-up was conducted electronically using email or messaging apps. The use of Survey Monkey allowed information to be collected while protecting the anonymity of participants. Incentives were given after completion of each survey to avoid attrition of participants. Using the online messaging app Line, additional qualitative interviews were conducted among 15 persons who were randomly selected from the cohort in order to assess their feelings about the Campaign. This data gathered using online tools is providing APCOM with evidence on what worked about the campaign and how to best meet the target audience's needs, informing and improving APCOM's future campaign efforts.

Reducing resource costs

In an era of waning financial resources, making limited funds go further will be essential to sustain and maximize impact of HIV programs. Web-based approaches using free or inexpensive software have the potential to reach high proportions of the population at a minimal cost. CBOs are freely utilizing the power of expansive online digital communications networks, disseminating information at a low cost by piggybacking on the existing infrastructure rather than having to develop new platforms from scratch.

ICTs can also contribute to the reduction of operating costs of providing services through improvement in the way tasks are performed, by saving time with data processing, and by enabling free sharing of information through web-based trainings. Everyday technology like smartphone cameras take high-quality photos and videos and are being used to create visually impactful, professional campaigns and using the resources programs already own.

Case Study:
Utilizing free resources to streamline activities

In the Philippines, LoveYourself is amplifying the impact of HIV screening and counseling services by leveraging free resources. Utilizing Google Suite, LoveYourself's community center is going paperless, managing information using Google forms, a free online resource that improves efficiency and enables streamlined management for community member follow-up within 24 hours. Community member volunteers are another piece critical to LoveYourself's success. Training volunteers in a traditional classroom setting is very time and resource intensive. Making use of Google Classroom, LoveYourself is able to freely disseminate online trainings to volunteers, saving both the organization and the volunteers time and resources. Freeing up resources from these activities enables LoveYourself to invest more in efforts to increase testing, prevention, education, and more.

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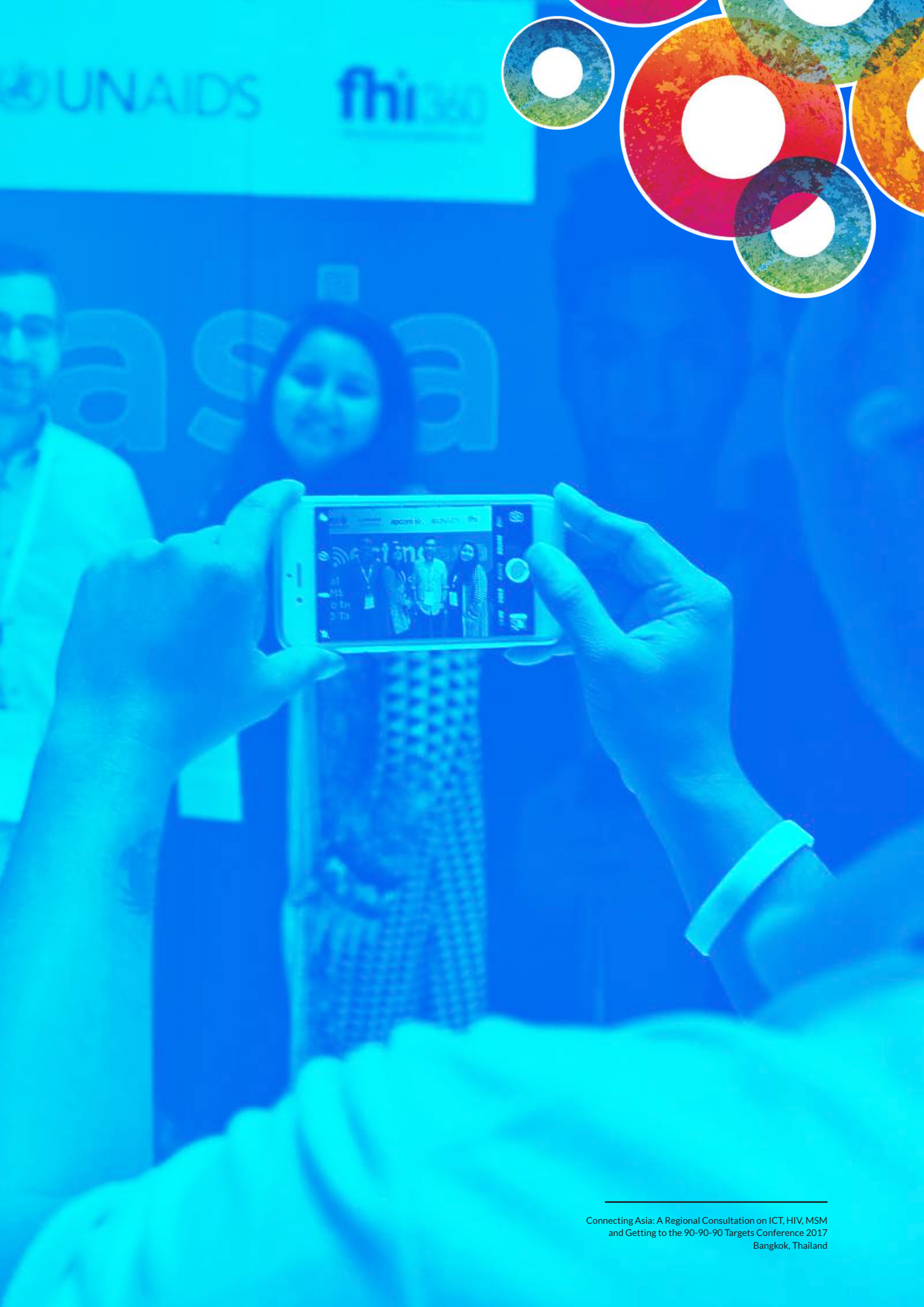
IV. Achieving outcomes: what communities are learning from early feedback

As programs roll out these projects and receive initial results, the key learnings below are emerging on both what does, and does not, work to guide future ICT efforts. To date, nearly all of these findings apply to programs aimed at expanding reach and increasing HIV testing rates.

1. Utilize the technology and messaging platforms and services that are relevant for specific populations and being used locally.
2. Involve users, especially the young, in the design and adoption of campaigns. Pre-test messages before publishing. An iterative process of ongoing testing, monitoring and adaption of the campaign is also important.
3. Conduct market and demographics research to establish better population size estimates and understand needs, preferences, and trends at the subpopulation level. It is important to understand audiences and audience segments rather than populations. The goal is to identify and better understand specific market segments, design targeting strategies for these segments, and produce micro-targeted messages and materials responsive to the needs, concerns and interests of these different segments.
4. Develop messages that reflect the lived experiences of individuals, using language and imagery that is provocative, relevant, and fun.
5. Not all messages need to be HIV specific. Integrate HIV messaging with general lifestyle commentary to avoid message fatigue.
6. Empowering digital campaigns are sex positive and leverage trends in popular culture.
7. Campaigns should focus on engagement and interaction with key populations rather than just message dissemination to ensure online conversations result in offline service uptake.
8. Careful attention should be paid to protecting individual privacy and ensuring data security. It is not always appropriate to collect information on individuals using unique identifiers; have a security plan in place when this occurs.
9. Strengthen capacity to use, work with, and develop effective ICT interventions across CBOs.
10. Establish outcome-linked, measurable objectives for campaign efforts and share learnings about what works, and what fails.
11. Introduce greater monitoring and evaluation of interventions, particularly focusing on using online participatory approaches for feedback.
12. Include ICT strategies in the initial design of HIV intervention project plans (and monitoring and evaluation frameworks!) and advocate for adequate funding.



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V. Going the distance: moving beyond the first 90-90-90 target and achieving long-term goals

While ICTs are being used in creative ways for improved health across Asia, these projects make up only a small segment of current HIV programming, and many are still pilots. And, many of these projects are still in pilot stages. Most uses of ICTs in HIV programming to-date have been aimed at addressing the first 90-90-90 target that, by 2020, 90% of all people living with HIV will know their HIV status. We cannot stop at initial outcomes: communities become empowered, policymakers and donors become more receptive to ICT use, knowledge and evidence-base expands, and HIV services are increasingly accessed.

There is ample evidence on the use of ICT technologies such as SMS to support adherence to ART. However, new media are where the sweet spot and the focus should be to tackle the second two targets: By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. The 57 Zone model demonstrated by FHI 360 China, or TRC-ARC's eDOT model for PrEP adherence are good examples of how this works. Additional research and development, and action from national governments, will play a key role in advancing forward: sustaining the community response; securing a supportive legal, political, and financing environment; informing programs iteratively with data and evidence; and guaranteeing KPs live healthy lives.

Research and development needs

Strengthened research strategies for better targeted outreach

To date, data collection tends to collapse key populations into homogenous gay or transgender identity groups, with little consideration of the variation in behaviors, beliefs, and interests within subpopulations. The use of social media for improved market research and information gathering is still under-utilized despite all of its potential. Market research studies and post evaluation surveys provide meaningful data on attitudes, preferences, habits, and experiences to understand which technologies subgroups frequent most, and when, in order to best target outreach. Data generated by online applications should be used to establish better descriptions of population size and demographic characteristics, trend analysis of sexual behaviors, and levels of knowledge regarding STI/HIV, testing, drug use and other data relating to HIV risk and prevention.

To conduct this research without putting individuals at risk, as well as to gather comprehensive data, new and improved data collection strategies are needed. This includes designing strategies that ensure participants' anonymity, allow for longevity in follow-up to understand long-term effects, and appropriate incentives to make participation worth it.

Integration of new technologies, especially to address the 2nd and 3rd targets

As new technologies become available and new trends in behaviors emerge, the HIV community needs to be agile and quick in adapting new strategies to continue to use the most up-to-date technologies. This will require research and knowledge sharing across the field in order to stay on top of new gadgets and new opportunities to continually engage KPs. With these new technologies, attention will need to be increasingly paid towards strong security features and safety protections as technologies move toward collecting more data and connecting people even farther and faster. With these new possibilities, innovations are needed to move beyond a focus of reach, prevention, and testing, and begin to break ground on innovative ways to follow-up with PLHIV to encourage consistent treatment-taking and support the goal of suppressed viral loads below detectable levels.

Innovative financing mechanisms

There are large gaps in meeting funding needs for HIV programming. Non-traditional mechanisms are needed to raise additional funds for health programs through "innovative" projects such as public-private partnerships. Successful, innovative financing creates incentives for private companies to invest in projects that benefit the public, especially their own product user-base. These resources can complement traditional resource flows to mobilize additional funds to eliminate AIDS. Focused efforts across the region on how to successfully create these opportunities can provide a critical bridge to address funding gaps.

Government action required

Moving forward and achieving the 90-90-90 targets will require a strengthened policy enabling environment at the national level. This includes the implementation of expanded health policies, as well as major legal, regulatory, and governance reform by country stakeholders. Innovative financing and considerable national and subnational budget increases are also essential.

Increase funding

Domestic funding for national HIV responses has increased across Asia and the Pacific in the face of dwindling donor support for the HIV response. The challenge ahead will be for more countries to increase their domestic spending on HIV, ensure that their national responses are sustainable and be able to drive infection to zero. Government contributions are key in ensuring sustained funding through Global Fund applications. Allocation of funds also help target resources to the most crucial services to ensure biggest impact and most effective use of funding.

CBOs amplify national public health efforts. Because they operate with fewer bureaucratic constraints, CBOs often can be more innovative, agile, and responsive to community needs than government organizations. Greater recognition by governments of this unique value-add is needed. Increased government allocation of resources to community efforts, rather than only to traditional public health institutions, will go far in expanding the impact of investment and improving the health and livelihoods of MSM and TG populations.

Remove legal barriers

Repressive legal and political environments threaten the community-led response. Many punitive laws still prevent barriers to these population groups accessing services. HIV restrictions on entry, stay and residence as well as criminalization of same-sex activities are still very prominent in many countries across Asia and the Pacific. Numerous other punitive laws hinder the HIV response in the region, disproportionately affecting key-populations and making it very difficult to access prevention and treatment services.

While significant legal progress has been made in many countries over the past decade, in other countries restrictions are only becoming worse. Government action and advocacy for removal of these restrictions, as well as adequate training for the police force and other legal groups, will be required to eliminate these barriers.

Address stigma and discrimination

Addressing stigma and discrimination as well as promoting more supportive policies needs to be nationally prioritised for most countries across the region. Government action is needed to protect (and, where needed, restore) human rights to the key populations most vulnerable to HIV. Meeting this challenge will also require eliminating stigma and discrimination, actively engaging with members of key populations, PLHIV and civil society, strengthening supply chains and service delivery, and establishing accountable and transparent health systems.

Stigma and discrimination is often perpetuated by healthcare workers and the police force. National governments should continue to work with healthcare professionals to understand specific needs to increase trust within the community to increase access of healthcare.

Increasing HIV knowledge throughout the general population is critical to addressing the prejudices faced by people living with HIV and key affected populations. However, it is not enough to increase HIV knowledge and raise awareness of the epidemic, supportive policy environments at a national level, that protect rights and facilitate access to services, are crucial for many people living with HIV who experience stigma and discrimination

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VI. Taking it from here: what country teams are aspiring to do now

At Connecting Asia, country teams worked to develop roadmaps identifying critical next steps for ICT introduction and scale-up.

Questions CBOs are considering when developing these plans include:

- How do we move projects from concept to large-scale implementation in a range of different settings?
- How do we evaluate systematically the impact of the use of ICTs on HIV programs?
- How do we most effectively share experience and coordinate efforts (at national, regional and international levels) around the use of ICTs in the HIV sector?
- What can be done to strengthen the role of and build the capacity of CBO staff and community members?
- How do we strengthen organizational and national human resources, awareness skills and leadership to champion the further development of ICT use in the HIV sector?
- How do we use ICTs to enable the voices of those most vulnerable to be heard?
- How to implement digital security protections that are still conducive to the development of a vibrant ICT sector that responds to and supports key population needs?

Opportunities Identified

Across the countries that developed country plans, key trends emerged in the activities countries aim to implement and scale.

Develop comprehensive social media campaigns to improve testing and treatment rates

In nearly every country plan, CBOs are working towards the goal of creating comprehensive plans to improve testing and treatment by better linking Facebook, YouTube, messaging applications, and web-series together with public health service providers to encourage the uptake of services. For some CBOs and country contexts, this means developing new Facebook groups to deliver specific messaging to reach TG and MSM populations, and begin integration with online applications, primarily dating applications, to reach key populations with messages. Having said this however, the overall strategies that inform such campaigns should ensure that social media messaging is appropriately targeted, promoted/boosted in such a way that it is reaching the right people, and targeted at engagement and conversions. As excited as we all are about social media, we also run the risk of creating enormous echo chambers where we are essentially only talking to the people who already agree with our message.

Others, with these platforms already in place, now seek to better use video and multimedia platforms, such as mini-talk show series to address sexual and gender issues, broadcasted on state television and made available online. Decisions around how to use live video streaming and other tools to increase promotion and awareness are in progress. In each of these plans, the need to enable security features to protect individuals is a noted concern.

Increase development and use of mobile booking applications

Many countries are aspiring to establish or strengthen the virtual cascade of online risk assessment, e-reminders, e-referrals, and an online booking systems to bring high-risk young MSM and TG communities to physical HIV care settings. In some settings this requires partnership and collaboration with already established applications and digital resources to expand their use. In other countries without an existing virtual cascade infrastructure, greater attention will need to be paid to developing and rolling out these resources.

Addressing stigma and discrimination and mental health

CBOs are planning campaigns that not only address health information, but that aim to alter the public perception on HIV, PLHIV, and LGBTQ communities. Plans include captivating visuals and creative dissemination strategies that work from a human rights approach.

Conduct market research

Several countries highlight the role of collecting feedback and utilizing survey tools to gain insights on program success. Less developed in each country roadmaps are current plans to conduct more extensive market and demographics research beyond gauging efficacy of campaigns.

One country is exploring the potential to establish a social franchise between private vendors of products on relevant to KPs (condoms, lubricants, sex toys, rush, GV, comics, books, etc.) and CBOs aiming to disseminate HIV prevention and treatment knowledge with these clients.

Key gaps and challenges

The most common challenge identified across all country plans is securing the needed financial resources to ensure sustainability of ICT programmatic efforts. This is particularly a concern in medium and low burden towns where development partners are less willing to fund interventions.

Lack of capacity at the organizational and community levels is another key challenge. Technical assistance is currently needed for staff to know how to develop Facebook ads, navigate mobile booking applications, and implement robust data security measures. At the community level, CBOs will have to continue to innovate around infrastructure challenges that leave people without consistent and stable internet access. In a few country settings, CBOs acknowledge that they will have to work to overcome language barriers where there are high illiteracy rates among key populations, and where ICT terminology does not have local language translation.

Recognition of challenges such as the stability of social franchises and difficulties in connecting and collaborating with private and public health facilities are recognized in some plans.

Finally, common across most country plans is the real awareness of the potential backlash from society against these efforts. Intensity ranges across country contexts, from societal norms of stigma and discrimination that lead to online trolling and individual persecution, to legal barriers and political opposition that continue to deny key populations their full human rights.

The way forward

With the urgent HIV public health crisis growing amongst MSM and transgender people, it is time now to take action and mobilize a strong, community-led ICT movement in the region's HIV response efforts. The innovative programmatic approaches shared in this report offer promising models to be further tested, adapted to local contexts, and scaled.

But we cannot stop with these ideas. Further innovations are needed to begin addressing the 2nd and 3rd 90-90-90 targets, so that by 2020 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression. Momentum must continue until not only these goals are met, but until the community can celebrate the end of AIDS and the abolishment of legal and normative discrimination.

Much work lies ahead. The real need to secure sustainable funding support and fill resource gaps remain, and hostile environments persist. But these challenges can and must be overcome to guarantee health for those disproportionately at risk of HIV. We cannot lose sight of the real gains and profound changes that stand to be unleashed using ICTs.

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Annexes

Consultation Objectives

The specific objectives of the consultation were as follows:

- How do we move projects from concept to large-scale implementation in a range of different settings?
- How do we evaluate systematically the impact of the use of ICTs on HIV programs?
- How do we most effectively share experience and coordinate efforts (at national, regional and international levels) around the use of ICTs in the HIV sector?
- What can be done to strengthen the role of and build the capacity of CBO staff and community members?
- How do we strengthen organizational and national human resources, awareness skills and leadership to champion the further development of ICT use in the HIV sector?
- How do we use ICTs to enable the voices of those most vulnerable to be heard?
- How to implement digital security protections that are still conducive to the development of a vibrant ICT sector that responds to and supports key population needs?

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Consultation agenda and speakers

Day 1	
Time	**Session**
9:00 - 10.30	**Welcome and Keynote Address** **Plenary: History of the HIV Epidemic in Asia and ICT Trends** • How have we traditionally addressed HIV in the MSM community? • How have MSM communities changed in terms of education, behaviors, and demographic profile? • Is conventional outreach/intervention as effective as it was before? • What is ICT and what has been its recent role in healthcare delivery? • Why is ICT seen as a promising tool for HIV management?
10:30 - 11:00	Coffee/Tea Break
11:00 - 12.30	**Plenary: The Role of Social Media and Mobile Dating Applications in HIV Programmes** • What evidence do we have on impact of social media on safe sex practices? • Who are the leading companies in each region and what are the channels used to access them? • What are their business models – how do they make money and why do MSM use them? • What are the demographic profiles of the users? • How effective are public service ads on social media? • What can be done to make social media and dating apps more effective tools for outreach? **Panel Discussion: Connecting and Tracking Virtual to IRL Outreach 2.0** • What are the virtual to physical strategy and approaches? • How can we convert MSM reached by online interventions into clients of HIV services? • How can we integrate online analytics into traditional programmatic monitoring and evaluation frameworks? • How can we recruit MSM into surveys/projects to collect important behavioral evidence that can be used to develop more effective HIV programmes?

Time	Session
12:30 - 13:30	Lunch Break
13:30 - 15.30	**Country Team Presentations across the Cascade:** Teams from selected countries will present brief case studies of ICT related projects they have developed/implemented. Presentations will include: • Love Yourself, Philippines • PATH, Vietnam • LINKAGES India - Online EPM • LINKAGES Cambodia - Social Media Outreach • AIDS Digital, Indonesia • Test BKK, Thailand • iMonitor+, Indonesia • 57 Zone Model, China • USAID TOPS, Myanmar • GZTZ, China
15:30 - 16:00	Coffee/Tea Break
15:30 - 17:30	**Panel Discussion: The Rights of Communities and Individuals, and Issues Around Data Governance** • How can the electronic health records strengthen patient tracking, reduce medical errors and decrease service costs for HIV-positive patients? • What are the privacy implications of storing the health records of HIV-positive patients in 'the cloud'? • How can users of ICT keep their data secure, and what are the potential consequences of data theft? • How can ICT be used to learn more about legal rights, record evidence of violations, and seek legal help? **Panel Discussion: The Role of ICT in Public Policy and Leadership in Government** • What government actions can encourage greater adoption of ICT for health programmes targeted to MSM? • What public policies can spur greater ICT innovation in HIV programmes? • What are the public policy implications of 'big data' for both clients/patients and clinicians/workers?
17:30 - 18:30	Networking Event

Day 2	
Time	**Session**
09:00 - 10.30	**Recap of Day 1** **Panel Discussion: Digital Communities and Their Health** • How calling, texting, email and instant messaging in developing countries are changing communications between doctors and patients, and helping to deliver services and reduce loss to follow-up for patients • How remote patient monitoring can improve HIV treatment adherence and reduce burdens on patients and providers • How online health resources are changing patient behavior and purchasing habits: • How are young MSM using ICT in relation to their health? • Mobile apps and wearable devices for patient's health and lifestyle management
10:30 - 11:00	Coffee/Tea Break
11:00 - 12:30	**Community Skill Development Workshops** • Breakout Room 1: Developing online content and administration of social media pages • Breakout Room 2: Writing for impact – Using blogs • Breakout Room 3: Designing and promoting services online via creative campaigns
12:30 - 13:30	Lunch Break
13:30 - 15:30	**Facilitated Ideation and Concept Design** Country teams led by the selected facilitators will design an ICT-enabled project which addresses any or all of the UNAIDS 90-90-90 goals for possible donor funding. Projects will aim to increase use of ICT across the cascade. Below are examples of the potential nature/impact of such projects: • Increase coverage of HIV prevention and demand generation activities, specifically reaching highest-risk and/or previously underserved sub-populations • Increase the number of KPs who receive HIV testing and know their results • Decision support/job aides (for both patients and providers) to improve healthy and/or health-seeking behaviors and ensure quality of HIV-related care services • Telemedicine for screening, service delivery (i.e. HIV testing and counseling) and retention of HIV-positive clients in treatment and care • Health Information exchange (between providers) and electronic medical records to strengthen tracking of HIV-positive patients and improve clinical service quality • Electronic Medical Records • Care Facilitation (use of ICT to set up appointments, fill prescriptions etc.)

15:30 - 16:00	Coffee/Tea Break
16:00 - 17.30	**Advocacy and Analytics** • Online data mining and data analysis for strategic targeting of • HIV prevention/demand generation messaging, follow up and/or retention in treatment • Understanding human rights in the MSM context and effecting change through ICT • Measuring impact of social media campaigns

Day 3

Time	Session
09:00 - 10:30	**Recap of Day Two** **Country Team Pitch** Presentation by country teams on explaining the issue being targeted by their project, its ICT solution, resources required to accomplish the solution and the envisioned output **Discussion** • Panel reviews strengths and gaps in country blueprints using decision framework • Funding decision(s) presented • Notable mentions
10:30 - 11:00	Lunch Break
11:00 - 12:30	Evaluation, Discussion of Proposed Topics for Future Consultations and Closing Remarks
12:30	Lunch Break | Event Conclusion

Country ICT Road Mapping

How can ICT interventions be incorporated in your country? What are the critical enablers and barriers to achieving 90-90-90 target would ICT have an answer to that? In this session, we are forming country teams to map out an action plan towards adopting ICT interventions to address the HIV cascade. Work with your in-country colleagues to develop an ICT action plan that is innovative, inclusive and grounded in the needs of key populations.

I. Afghanistan

Country	Afghanistan
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc.) Promotion of health seeking behaviour with focus on MSM and TG HIV treatment care and support for PLHIV
Activity	(e.g., increasing HIV testing access) Creating a social group through Facebook to reach more MSM and TG population, and strengthen their network. However, the privacy and confidentiality of the group could be a concern
ICT Intervention	(e.g., online booking system) - Creating HIV awareness Facebook ads - Develop an HIV treatment, care and support webpage, the presentation given by APN+ is very helpful and can be replicated in Afghanistan
Key Stakeholders	- APCOM - APN+ - National AIDS program, Afghanistan - USAID
Technical Support Required	- Technical support to develop Facebook ads - Technical support related to safety and privacy of Facebook group members - Technical support to develop HIV treatment, care and support webpage, and linking it with YHDO webpage
Resources Required	Financial resources required: 5000USD for period of three months
Existing Available Resources	- Human resources - Physical structure - Networks with MSM population
Potential New Resources	- UNAIDS - WHO - USAID
Perceived Challenges	- Security of the community members involved in Facebook ads or users of HIV treatment, care and support webpage - High Illiteracy of MSM community members - High Illiteracy of PLHIV

Time line / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity – 1	Planning and focus group discussion with community members obtain information on available interest and social media outlets being used by community members			
Key Activity – 2		Technical support and development of plan including objectives and target audience for Facebook ads		
Key Activity – 3		Launch of HIV awareness messages through Facebook ads		
Key Activity – 4		Technical support for development of HIV treatment, care and support page		
Key Activity – 5		Launch of webpage for HIV treatment care and support		

II. Bangladesh

Country	Bandhu Social Welfare Society - Bangladesh
Intervention Area	Out Reach to young MSM/MSW/TG who are between 18-24 years in Bangladesh
Key Stakeholders	- Information sharing through online - Online competition on thematic issues - Networking through online and offline - Online counselling
ICT Intervention	- Online registration of young members - Online message dissemination - Mobile app - Promotion of information through Facebook ads
Key Stakeholders	Ministry Information, Communication & Technology, Ministry of Youth, Ministry of Health, Ministry of Education and other likeminded organization at local level.
Technical Support Required	Technical support is required to develop mobile app, create Facebook ads, strengthening current website of organization
Resources Required	Both as funding and technical support, not assessed now
Existing Available Resources	Organization website, IT department, full time position for documentation & communication, different communication tools & materials are already exists in organization

Potential New Resources	We can seek financial support from the sponsors who supported Connecting Asia besides other potential donors (USAID, PEPFAR, LINKAGES, APCOM, UNAIDS, fhi3600)
Perceived Challenges	- Those who has no smart phone and internet access, it's hard to reach them. - Who don't want to disclose their identity - Country policy and difficult to get government approval - Low literacy rate among the community - Lack of interest using ICT

Time line / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity – 1	- Sharing workshop related information with organization management. - Linkage and Orientation with relevant stakeholders to share the idea. - Analyse country opportunities and threats.	- Develop proposal and explore funds. - Start communication for technical support. - Develop app and information for the community - Promotion of apps and information through face book ad.	- Launch the ICT intervention.	- Evaluation of the whole process.

III. Bhutan

Country	Bhutan
Intervention Area	- Providing HIV intervention packages for MSM and TG - Providing platform to promote visibility for LGBTIQ community
Activity	- Increase the visibility of MSM and TG community - Increase LGBT community visibility in main stream media - Increase of uptake of HIV/Health related services for MSM and TG community
ICT Intervention	- Create a platform such as Application ,website, YouTube channel catering to MSM and TG community - Create secret group on Facebook and we chat which is only accessible by community. They can share and exchange information regarding HIV/STI issues. - Create a 5 part talk show addressing sexual and gender issues. The show can be broadcasted on state television BBS2 and made available on various online platforms. - Create ads, online campaign, videos on HIV /STI issues and disseminated on various platform such as television, social networking sites, online ads, youtube. - Create an online survey using Survey monkey to compile data
Key Stakeholders	- MSA - NACP - Lhaksam - BFA - BBS (the state own television) - Social influencer - APCOM

Technical Support Required	- Online campaign expert - Capacity training development of the personality in terms of public speaking skill for speakers appearing on tv representing community - Training on how to manage and create online campaign on facebook and other gay dating app.
Resources Required	- Resources to create content and manage the platform - Man power/promote videos visibility money
Existing Available Resources	Facebook page (LGBT+ community in Bhutan)
Potential New Resources	- BBS 2 - Youtube - APCOM
Perceived Challenges	- Targeted intervention not being properly utilized by community - Most of the term and terminologies don't have local language translation

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity – 1	Creating social media presence by coming up with online campaign		Create application/ website targeting MSM and TG community	
Key Activity – 2	Collaborate and act as resource for BBS2 to produce sexual and gender theme talk show. (already in planning stage)			

IV. Cambodia

Country	Bhutan

Intervention Area	- Target audience: Young MSM and TG (18 to 29)
	- Intervention Area: the first "90"
	  - Prevention outreach
	  - HIV testing
	- Pilot sites :
	  - Phnom Penh
	  - Siem Reap
	  - Battambang

Activity	- Prevention outreach
	  - Increasing access to sexual health information (including information on "test and treat")
	  - Inducing enabling environment for service uptake
	  - Reducing risk behaviors/maintaining safe behaviors
	- HIV testing
	  - Increasing HIV testing and regular HIV re-testing
	  - Increasing access to condoms and lubes
	  - Increasing access to emergency medication (e.g. PrEP)

ICT Intervention	- Outreach livestreaming (YouTube/Facebook)
	  - Covering topics of both intervention areas
	- Web series (hosted on YouTube)
	  - Complementary/Accompanying the livestreams, with topics covering both intervention areas
	- Web platform for self-screening and appointment for services (building on existing websites of MStyle and Srey Sros)
	  - Linking exposure to online content with actual access to services ("online to in-person" transition)

Key Stakeholders	- Government counterparts
	  - NCHADS
	  - NAA
	  - PHD/PASP
	- Community networks
	  - Bandanh Chaktomuk
	- Technical Regional/International Partners
	  - UN Agencies (WHO, UNAIDS, UNICEF, UNDP)
	  - Donors (USAID, Global Fund)
	  - APCOM
	- NGOs
	  - KHANA
	  - FHI 360 (LINKAGES)
	- CBOs
	  - MSM/TG CBOs
	- Community influencers (including social media influencers for web series as well as livestreams)

Technical Support Required	- Online risk screening and booking systems - Creative media production - Online content and social media management - Data tracking and database management (including dashboards)

Resources Required	- Human resources
	  - ICT personnel knowledgeable in social media and database management
	  - Creative talent in video production and dissemination
	  - In-house media and communication strategists
	- Budget
	  - Video production
	  - Online system setup and monitoring (including social media ads)
	  - Personnel
	  - Overhead and overall project management
	  - Equipment (computers/smartphones/tablets)
	  - Database servers

Existing Available Resources	- Personnel
	  - Outreach and logistics/management staff
	  - Staff with limited ICT knowledge (website and Facebook page administrators)
	- ICT
	  - Existing websites and Facebook Pages (for MStyle and Srey Sros)
	  - Technical advisors on ICT
	- Budget
	  - USAID-funded HIV/AIDS Flagship project (in final year, still with resources on capacity building)

Potential New Resources	- Global Fund Funding Request 2018-2020 (with online outreach integrated into the prevention package) - LINKAGES Cambodia (technical assistance) - Key Population Innovations Fund - Collaboration with APCOM via BC and KHANA - Collaboration with private sector
Perceived Challenges	- Maintenance of active and engaging online presence - Young MSM/TG's accessibility to ICT platforms - Database management and data monitoring - Cultural sensitivity of online content - Sustainability of the activities, especially given the changing funding contexts in Cambodia

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year

Key Activity – 1 Prevention Outreach
- Increasing to sexual health information (including information on "test and treat")
- Inducing enabling environment for service uptake
- Reducing risk behaviours/ maintaining safe behaviours
	- Define coverage, target populations, and scope of work for outreach (esp. via ICT platforms)
	- Decide on themes/ topics for web series and livestreaming
	  - Scheduling of series and livestreams
	  - Fan engagement strategies
	  - Consultation with stakeholders
	- Develop campaign strategies and packages
	- Produce communication strategies
	  - Conceptualizing and developing key messaging
	  - Setting up communication timeframe and channels based on types of stakeholders
	- Set up ICT systems to facilitate information and service access as well as online-to-in-person service uptake
	- Set up database data tracking mechanisms to monitor and analyse implementation progress and effectiveness
		- Pilot ICT platforms for service access
		  - Web series and outreach livestreaming
		  - Interactive online communication
		  - Online self-screening and service booking
		- Roll out scheduled prevention campaigns – online and offline
		  - Healthy lifestyles (including safe sex behaviors)
		  - HIV testing
		  - Test and treat
		  - Access to sexual health services
		- Track implementation performance
		  - Program data tracking
		  - Periodic program mini-surveys (e.g. on reception of web series and outreach livestreaming content and on quality of messaging and outreach work)
		  - Regular ICT system checks
		- Conduct stakeholder engagement meetings/ events (making use of findings from program implementation tracking/monitoring)
				- Continue to use of ICT platforms for online outreach and service access
				- Wrap-up the online-offline campaigns
				- Conduct comprehensive program implementation analyses through program data, survey responses, community and stakeholder feedbacks, etc.
				- Disseminate program performance findings and plan for next steps

	- Conduct training and coaching to relevant staff on implementation process and monitoring and reporting work		

Key Activity – 2
HIV Testing
- Increasing HIV testing and regular HIV re-testing
- Increasing access to condoms and lubes
- Increasing access to emergency medication (e.g PEP)
	- Integrate campaign and communication strategies (particularly those that are ICT-heavy) into HIV testing and counselling (HTC) and condom activities
	- Collaborate with national program and implementing partners on training and refresher courses on HTC, outreach (including condom accessibility), and quality monitoring
	  - Coordinating training preparation
	  - Scheduling training/ coaching sessions
	- Develop timeframe for technical assistance (e.g. on HTC, M&E, reporting, outreach strategies, and enabling environment)
	- Set up database data tracking mechanisms to monitor and analyse implementation progress and effectiveness (same as above)
	- Set up database data tracking mechanisms to monitor and analyse implementation progress and effectiveness (same as above)
	- Conduct training and coaching to relevant staff on implementation process and monitoring and reporting work (same as above)
		- Roll out community HTC services (on top of the ICT-based prevention outreach)
		- Roll out condom availability and accessibility program (including social marketing of condoms and lubes and expansion of access points for condoms and lubes)
		- Monitor progress of HTC and access to condoms and lubes in conjunction with the response to/reception of online and offline campaigns, outreach, and other ICT-oriented activities
		- Track implementation performance
		  - Program data tracking
		  - Regular quality assurance/quality improvement checks
		- Provide relevant training/workshops to boost or maintain high personnel capacity
		- Conduct periodic technical assistance visits to provide additional program coaching as well as address any existing implementation challenges
		- Convene stakeholder meetings on enabling environment for service access and effectiveness of multi-channel outreach and prevention campaigns
			- Wrap up community HTC and condom services
			- Conduct comprehensive program implementation analyses through program data, survey responses, community and stakeholder feedbacks, etc.
			- Disseminate program performance findings and plan for next steps

V. China

Country	China
Intervention Area	- Test promotion through WeChat vendor mobilization

Activity	- Market research: investigate how many private vendors on Wechat (the biggest social media platform in China, with 889 million users) doing business pertinent to gay, such as Condoms & Lubes sex toys, rush, GV, comics, books, etc., as well as the estimated size of their clients
	- Social franchise: establish a social franchise model to create cooperation between gay NGOs and these Wechat vendors. Commercial benefits will be given to these vendors
	  - Plan the model (profit margins and discount for clients who send back test results)
	  - Reach and negotiate with the vendors
	  - Train the vendors about MSM and HIV prevention knowledge and skills
	  WeChat vendor organize test promotion campaign to sell testing kits to their clients (gay NGOs develop social media campaign plan and publicity material)
	- Social franchise: establish a social franchise model to create cooperation between gay NGOs and these Wechat vendors. Commercial benefits will be given to these vendors

ICT Intervention	Social marketing of vendors through the social media platform of Wechat Online data collection and management system
Key Stakeholders	Gay CBOs, WeChat vendors, community members, testing kit companies, Blued, CDCs
Technical Support Required	Campaign design and planning, online system development
Resources Required	Funding
Potential New Resources	China HIV Fund, testing kit companies
Perceived Challenges	Stability of the social franchise model

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Market research			
Key Activity - 2	Social Franchise			
Key Activity - 3		Data management		

VI. Hong Kong, Korea, Singapore, Taiwan

Country	Hong Kong, Korea, Singapore, Taiwan
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc.) Stigma and discrimination, Young LGBT, Mental health
Activity	(e.g., increasing HIV testing access) Increasing the services for mental health, available resources, coping skills(negotiation) and sexual education
ICT Intervention	(e.g., online booking system) Video, Facebook, Instagram, Line and gay applications

Key Stakeholders	LGBT communities and groups, Advocacy groups, LGBT-friendly NGOs for teenagers
Technical Support Required	Educational materials Training and managing skills, and Knowledge of technology, technical tools
Resources Required	Funds for implementing, Human power, Advertising
Existing Available Resources	LGBT communities and groups, Advocacy groups, Educational materials for teenagers and LGBT communities
Potential New Resources	Other advocacy groups, funding resources
Perceived Challenges	Exclusive attitudes(stigma, and discrimination) of the society, Collecting potential funding resources

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Setting up plans and log frame	Collecting experiences from LGBT teenagers	Designing activities and outreach	Assessment of goals achieved, effectiveness, and new challenges
Key Activity - 2	Collecting available resources and materials	Developing materials to English, Korean, and Mandarin language	Advertising	Measuring results

VII. India

Country	India
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc) Reach, Test & Treat – Among young MSM and TG people (Mumbai, Chennai, Vijayawada & Delhi- UN fast track cities)
Activity	(e.g., increasing HIV testing access) Increasing the reach, testing and retention using ICT approaches to fast track 90-90-90 targets
ICT Intervention	(e.g. Online booking system) Innovative social media campaign to reach the young MSM and TG people Develop a mobile app to boost the campaign, register and track the population Develop partnerships with CBOs, clinics and treatment centres Develop strong M&E systems to track the reach done and progress of the project
Key Stakeholders	NACO, SACS, FHI, CBOs delivering HIV interventions for MSM and TG community
Technical Support Required	Develop and strengthen the campaign Capacity building for CBO staff to implement the project (MSA) Training for the health facility system

Resources Required	Money required for run the program for period 2018-2020 (1 million USD for three years)
Existing Available Resources	Technical expertise of FHI , Existing intervention programs, existing public health systems for HIV service delivery, Domestic financing for ARV drugs
Potential New Resources	Linking up with potential IT based agencies for strengthening and monitoring the campaign
Perceived Challenges	Internet access, limited number of MSM using online platforms for solicitation, tracking the services used by the community members at health facilities

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Innovative social media campaign to reach the young MSM and TG people	Develop a mobile app to boost the campaign, register and track the population	Develop partnerships with CBOs, clinics and treatment centres	
Key Activity - 2	Develop strong M&E systems to track the reach done and progress of the project			

VIII. Indonesia

Country	Indonesia
Intervention Area	Reach (Risk assessment), Testing (referral to testing, testing reminder), Treatment (linkage to care), and Retention (keeping people in care and encouraging adherence)
Activity	Increasing reach to and risk awareness among hidden (hard-to-reach) population primarily young MSM , encouraging HIV testing uptake through online referral system (including online booking system whenever possible), retaining HIV+ individual across HIV care continuum
ICT Intervention	Establishing a virtual cascade (include online risk assessment, e-reminder, e-referral, online booking system) to bring high-risk young MSM into physical setting of HIV care continuum “once you’re in, you’re in”. Product: 6-pack (web & mobile app): 6 fun steps to spice up your healthy life)
Key Stakeholders	MOH, PHO, DHO, Healthcare facilities, CSO
Technical Support Required	ICT expertise, communication strategy development
Resources Required	ICT device & tools (hardware & software)
Existing Available Resources	Existing knowledge and technology, health facilities and health system, potential budget support from LINKAGES & Global Fund
Potential New Resources	Lesson learn from similar ideas that might exist in other countries (not yet identified)
Perceived Challenges	Connecting and collaborating with private and public health facilities

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity	Purchase website (http://sixpacks.info) - Content development - Architecture system design - MoU between HF and CSO	- Website development - Mobile App development - Training for HF staff - Training for CSO staff	Implementation and upgrade system (gradually)	First phase evaluation

IX. Laos

Country	Laos
Intervention Area	Awareness, Advocacy, Reach, Testing, treatment, retention, stigma & discrimination
Activity	- National consultation with stakeholders - Planning workshop - Establishment of management and administration team - Development of contents (Video, Policy and guideline, access to HIV and STIs services including testing, treatment, condom and lubricant, frequent asked question, list of events and campaign etc..) - Implementation and Monitoring and Evaluation
ICT Intervention	Facebook and fan pages
Key Stakeholders	- Centre for HIV/AIDS and STIs (CHAS) - Vientiane Youth Centre (VYC) - Lao Positive Health Association (LaoPHA) - FHI360 - Ministry of Sciences and Technology - Ministry of Information, Culture and Tourism
Technical Support Required	- Designing and Contents development - Monitoring and Evaluation
Resources Required	- Consultations meeting/Workshops - Development of ICT contents - Administration and Management cost - Promotion and Campaigns - Monitoring and Evaluation Budget estimation: - Meetings and Workshops = 10,000 USD - Development of contents =10,000 USD - Admin and management= 20,000 USD - Promotion and Campaigns= 5,000 USD - Monitoring and Evaluation= 5,000 USD Total: 50,000 USD/Year
Existing Available Resources	- Technical Support from FHI360 - Exiting staffing from National HIV and AIDS Program and Civil Society Organization

Potential New Resources	- FHI360 - Government funding
Perceived Challenges	- Quality of contents and Services - Access to key populations - Sustainability

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	National consultation with stakeholders			
Key Activity - 2	Planning workshop			
Key Activity - 3		Developing materials to English, Korean, and Mandarin language		
Key Activity - 4		Development of contents (Video, Policy and guideline, access to HIV and STIs services including testing, treatment, condom and lubricant, frequent asked question, list of events and campaign etc..)		
Key Activity - 5				Implementation and Monitoring and Evaluation

X. Malaysia

Country	Malaysia
Intervention Area	A National Communication Campaign using a multi-media and rights based approach to promote better sexual health and wellbeing for gay men and other MSM in Malaysia.

Activity	A central coordinated awareness campaign with strong recognised branding for MSM related to sexual-health and well-being issues they face
	- Proposed campaign name of campaign "men WISE" > men for well-being initiative and sexual-health empowerment
	  - To increase awareness, uptake of services, support systems etc.
	- Covering but not limited to the following areas (which will evolve with time and need)
	  - Testing (know your status) uptake
	  - PrEP / PEP
	  - Safer Sex Promotion and Services
	  - Medical Care Linkages, Treatment adherence, spouse notification, and virally undetectable
	  - Treatment as Prevention campaigns and services
	  - ChemSex management, care and support
	  - Mental Wellbeing and other Psychosocial support for gay men and other MSM
	  - Care and Support for gay men and other MSM who are liviung with HIV
	- Will have focused tagline for different areas covered, for example
	  - #crystal-clear for ChemSex
	  - TestKUL (to collaborate with APCOM testXXX campaign for promoting testing amongst MSM in KL city
	  - PrEParing Malaysia, (recruitment for Demo projects starting in August 2017)
	  - COMMIT a community empowerment intervention as part of the MOH SAD module development
	  - Gogettested one stop website comprehensive directory of services

Situational overview	Currently in Malaysia efforts for awareness creation and other HIV related interventions for MSM
	- lack a central branding identity
	- Does not cover the whole nation comprehensively as current programs are sporadic
	  - GF case managemet only in KL, Selangor, Penang, Pahang (Kuantan city only) and Johor (JB city only),
	  - MOH MSM outreach only Sarawak (Kuching city only) and sabah (sandakan toewn only)
	  - 7 other states Perak, Kedah, Perlis, Pahang, Terengganu, kelantan, Negri Sembilan & melaka have no intervention for MSM at all
	  - Other cities/towns within Johor, Pahang, Sarawak and Sabah which are hiuge states are also not covered at all
	Hence the need for a centrally coordinated National campaign for MSM to fill these obvious gaps as MSM exist nationwide beyond current program coverage

ICT Intervention	- Websites
	  - General campaign
	  - Issue focused
	- Videos and gifs
	- IEC content
	- Apps & social media platforms
	- 24hr hotline and chatbot

Key Stakeholders	- Malaysian AIDS council
	- Ministry of Health
	- NGO/CBOs with MSM related programs
	  - PT Foundation
	  - KLASS
	  - FHDA
	  - ILZ
	  - SAGA
	  - SACS
	  - Karisma
	- CERiA
	- Ministry of Education
	- Gay Apps and websites
	- Gay owned and gay friendly businesses

Resources Required	Funding for a full team to carry out this Campaign
	  - Set up and maintain a full campaign team who will
	  - Develop and design the campaign theme
	  - Develop and Maintain social media/ online presence
	  - Produce suitable IEC materials/content
	  - Run and maintain various public campaigns
	  - Translation into Malay, Mandarin and Tamil

Existing Available Resources	- MAC or PT foundation premises - MAC network of partner organisations - myISEAN network of MSM & TG CBOs - Current pool of experienced MSM HIV activists - MSM and allies with ICT and multimedia expertise - Existing LGBT related FB, email groups popular with gay men
Potential New Resources	Talent/expertise of new Young MSM activist reached by the campaign

Perceived Challenges	- Resource and funding limitations due Malaysia being classified as upper middle income - Technical support and expertise that come with foreign funding is virtually non-existent due to this - Lack of enabling environment especially criminalisation of LGBT, religious laws and government policies against LGBT, censorship regulations even on the internet, and resistance from Muslim NGOs and state owned media - There is no leadership in KP related issues at national level (including MSM) - Some Government initiated MSM interventions are more along the lines of conversion therapy - Discriminatory laws based on SOGIE - Cannot have open public celebrity backing there will be backlash

Timeline / Key Activity	Year 1		Year 2				Year 3			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Key Activity - 1 : Proposal to MAC and resource mobilisation for funding	Concept Note	Proposal Writing	Advertise for positions	Full initial team assembled		Additional manpower recruited				
Key Activity - 2 : Hiring and setting up of Campaign team										
Key Activity - 3 : Conceptualisation and design of campaign theme, evaluation there of	Stake-holder Meeting			FGDs	Community Consultants		Annual evaluation FGDs	Redesign etc.		
Key Activity - 4 : Running and maintenance of Campaign							Soft launch , cyber launch & full WAD launch	Ongoing Campaign		

XI. Mongolia

Country	Mongolia
Intervention Area	(eg: reach, testing, treatment, retention, stigma & discrimination etc) Prevention of HIV, STI infection, to reach to the unreached communities, diagnosis and testing to undiagnosed HIV, STILL cases, ensuring the coordination of care and supporting, implement the care management practices for newly diagnoses among MSM and TG community in Mongolia.
Activity	(eg: increasing HIV testing access) - Outreach action - Training and advertisement - Awareness and advocacy - Case management - Prevention and intervention through social media and ICT
ICT Intervention	(eg: online booking system) Promotion testing, prevention intervention action on Facebook, website, app. Etc
Key Stakeholders	HIV project supported Global fund. UN agencies, (UNAIDS, UNDP), Japanese government - Human environment university in Nagoya city. Japan. Other donors

Technical Support Required	To develop ICT strategy International consulting, facilitator Training to outreach and staffs related ICT and social media To improve internet and network for target group Advocacy related ICT
Resources Required	Improve human resources, and capacity building for ICT staffs Budget for a year- 46000$USD Including: - Technical support cost 20,000$USD. (3 days capacity building training for staffs and international sonsultant) - Developing cost for ICT strategy: 10.000$USD - Advocacy related 5000$USD M&E cost: Midterm and final evaluation 3000$USD Admin and others cost: 2000$
Existing Available Resources	Human resource
Potential New Resources	Technical support Funding for capacity building and advocacy related ICT
Perceived Challenges	Advocacy and access of Internet for target groups

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Training for capacity building by ICT and to develop ICT strategy			
Key Activity - 2	Advocacy and promotion to MSM and TG community Evaluation of Mid and Final term			

XII. Myanmar

Country	Myanmar
Intervention Area	(e.g., reach, testing, linkage to treatment, retention, stigma & discrimination etc) To reduce stigma and discrimination among the key affected populations of MSM/TG
Activity	(e.g., increasing access to HIV testing) Evidence Based Advocacy to improve the legal environment such as policy makers. Advocate to review Laws and legal environment and amendment of outdated laws
ICT Intervention	(eg: online booking system) Social Media Campaign through online. (Bee talk , Grindr, and Facebook)
Key Stakeholders	HIV Technical and Strategy Group (HIV-TSG), National AIDS Program, UNAIDS and other related UNS, WHO, Civil Society Network, INGOs, CBO, Legal Network, APCOM
Technical Support Required	Yes, We will need to build capacity development skill. Provide Technical Assistance for ICT program. How to develop advocacy message and tools
Resources Required	15,000 USD, Human Resources
Existing Available Resources	PSI/TOP, MSM network, Myanmar Youth Stars network, Sex Worker in Myanmar, National Drug user network in Myanmar, Colours Rainbow , LGBT Right Network
Potential New Resources	Global Fund and USAID, some Myanmar Private Company and Telecommunication Company
Perceived Challenges	Limited internet access among the key affected community that using the mobile applications. Many development partners provide fund and address intervention for KPs in high burden cities and limited access to combination package for KPs in particularly in medium and low burden townships. To meet the fast track targets in 2020, the HIV prevention and treatment need to reach and cover all geographical areas.

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Conduct Stakeholder's Meeting and Online Mapping			
Key Activity - 2	(a) Recruitment and selection process for human resources (b) Forming Project Steering Committee	Conducted evidence based ICT survey programme through stigma and discrimination	Conduct evaluation workshop with Key Affected Population	(a) Conduct evaluation workshop with key affected population (b) Conduct Dissemination Workshop with key stakeholders

XIII. Nepal

Country	Nepal
Intervention Area	Reach, Testing & Stigma and Discrimination
Activity	Increasing testing and Reducing Stigma & Discrimination
ICT Intervention	- Online outreach to reach MSM and TG, providing information on prevention, testing, treatment, SRHR and Human Rights - Online booking for HIV testing services and providing safer sex commodities - Live video streaming from Facebook (FB) (discussion on SOGI related issues), barriers on testing etc - Online reporting system on GBV (Using Apps and FB groups to promote testing, report GBV via web SMS, Testing Campaign , Advocacy using YouTube video, FB pages, connecting the people through WhatsApp, Viber, messenger)
Key Stakeholders	LINKAGES Project / FHI 360, Federation of Sexual and Gender Minorities, National Canter For AIDS and STDs control, BDS, APCOM, UNAIDS, Save The children
Technical Support Required	Yes (APCOM, FHI 360, best practices from other countries)
Resources Required	Yes
Existing Available Resources	Some of the activities such as online outreach is currently being implemented in few district through LINKAGES Nepal Project and Information on SOGI through Pahichan website
Existing Available Resources	Some of the activities such as online outreach is currently being implemented in few district through LINKAGES Nepal Project and Information on SOGI through Pahichan website
Potential New Resources	USAID, Global Fund, NCASC, UNAIDS
Perceived Challenges	Diverse MSM and TG population, funding , difficult for community to understand new technology, language barrier using APPS, Do not have internet access to the community, limited users

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	(a) Sharing Connecting Asia workshop to key stakeholders and Community coordination with LINKAGES Nepal Project (b) Start dialogue with LINKAGES Nepal Projects FHI 360 and concerned stakeholders including government for possibility (c) Explore Apps including anonymous closed FB group, already used in other Country (d) Discuss possibility of using Apps in Country context with Key Stakeholders and Community			

Key Activity - 2	(a) Explore possible resources (b) Designing Apps, Videos, Messages Design, Exploring the need and reviewing other Countries existing tool (c) Explore use of Apps and online platform through FGD (d) Develop promotional material (e) Coordinate with anonymous FB closed groups moderator (f) Field level testing			
Key Activity - 3			Implementation Online Outreach through FB, Apps, WhatsApp , Viber group	
Key Activity - 4				Evaluation through comparison among intervention and none Intervention area

XIV. Pakistan

Country	Pakistan
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc.) Reach/targeting key population (MSM and/or TG)
Activity	(e.g., increasing HIV testing access) Increase coverage of HIV prevention services through ICT intervention
ICT Intervention	(e.g., increasing HIV testing access) Increase coverage of HIV prevention services through ICT intervention
Key Stakeholders	MSM, TG, LGBT, Community led organisations, NACP, Provincial AIDS control Program, UNAIDS
Technical Support Required	Software Developer, Graphic Designer, APCOM
Resources Required	Communications Officer, Laptop, Smartphones for outreach staff Software development: USD 20,000, Apple Laptop: USD 3000 x 10 CBOs Communications Officer: USD 700 x 10 Office furniture for communications officer : USD 500 x 10 Smart phones: USD 200 x 50 Communication cost: USD 10 x 50 Social media boosters: USD 500 x 10 Phone insurance: USD 100 x 10
Existing Available Resources	Outreach workers
Potential New Resources	
Perceived Challenges	Cyber Crimes Bill, phone snatching

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Software Development	Roll out/marketing	Outreach	Outreach

XV. Papua New Guinea

Country	Papua New Guinea
Intervention Area	Stigma and Discrimination
Activity	
ICT Intervention	Create an online page / Database for MSM &TG needs
Key Stakeholders	
Technical Support Required	ICT support to create a website
Resources Required	Funding / Human resources
Existing Available Resources	Laptops, printer, camera, key networking partner
Potential New Resources	
Perceived Challenges	Internet access, legal framework

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Recruitment and Technical Support			
Key Activity - 2		Community Consultations (a) What content (b) How to fortify messages (c) Who be a part of it		

XVI. Philippines

Country	Philippines
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc.) Continuum of Care (Prevention, Testing, Treatment, Care & Support) Evidenced-Based Interventions Data Gathering and Research
Activity	(e.g., increasing HIV testing access) Project SNAP (Sustainable 'N Accessible Platform) Real Time (ICT Based) Data Collection (Behavioral and Service Delivery Data) and Linkage from Testing to Treatment thru Community Led Services
ICT Intervention	(e.g., online booking system) Project SNAP is a Multi-platform project with 2-pronged aspects: 1. Behavioral data collection and M&E component: To support an evidence-based prevention, care and support intervention package of HIV and related services. The M&E component through data collected from the second prong will evaluate service quality and uptake.

	2. Linkage from ICT based interventions to actual service delivery ICT-based testing thru a piloted home-based testing (self-testing), multi-segmented HIV testing services (premium services, facility-based and community-based), link to PLHIV Response Center Hotline (if reactive) and treatment hub. **Website:** Including online booking system, ICT-based testing thru a piloted home-based testing (self-testing), multi-segmented HIV testing services (premium services, facility-based and community-based), and link to PLHIV Response Center Hotline (if reactive). **Google Suite (Google Maps, Google forms):** Using Google Suite to support online booking system, Google Duo to support home-based testing (Pre- and Post-Counselling), Google Classrooms for Capacity Building, Google maps for Geo Mapping/Tagging, **Apps (IOS/Android) :** A mobile based application that will optimize the website and provide unique personalized health and promotion experience for the stakeholders (HIV testing scheduling and other general health and wellness schedule reminders) **Gay apps (Blued, Hornet, Grindr, Planet Romeo) :** Build partnerships for targeted interventions (e.g. mass testing, advocacy, etc.) and data collection.
Key Stakeholders	**Target Population:** Particular focus on MSM/TG, Young People (20-35), Adolescents (15-19) **Health Care Providers:** Government healthcare providers, local government units, private healthcare providers **Government:** Local government units, Department of Health National HIV/AIDS and STI Prevention and Control Program (NASPCP) **Private Organizations:** Dating apps, private clinics **Development partners:** Global Fund, UN agencies, Pilipino Shell Foundation, AHF, KNCV Hivos **CBOs, Networks:** MSM networks, Love Yourself, IHP, PinoyPlus
Technical Support Required	Collection and utilization of behavioral data for evidence-based strategies/intervention Increase linkage to community HIV service delivery from Testing to Treatment, Care and Support **Capacity building:** ICT training, research and data collection, M&E, marketing and campaign development.
Technical Support Required	**Financial resources:** Technical Assistance from Apps (Google Maps, Blued, Hornet and Grindr for Geo Mapping/Tagging **Human resources**
Existing Available Resources	Community Based Organization
Potential New Resources	Partnership and assistance from (Google, Blued, Hornet and Grindr for Geo Mapping/Tagging)
Perceived Challenges	Coordination and implementation with concerned government agencies, stable internet infrastructure

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Hiring of Core Staff			
Key Activity - 2	Design and establishment of processes and systems			
Key Activity - 3	Project Planning			
Key Activity - 4	Establish Monitoring & Evaluation Process			
Key Activity - 5	Capacity Building			
Key Activity - 6	Pre-Launch			
Key Activity - 7	Mobile Application development			
Key Activity - 8	Public Launch			
Key Activity - 9	Analysis of Data Formulate			
Key Activity - 10		Recommendations to Scale-Up		

XVII. Sri Lanka

Country	Sri Lanka
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc.) Stigma and discrimination
Activity	(e.g., increasing HIV testing access) Increasing accurate knowledge on HIV, KPs, and LGBT communities using experts.
ICT Intervention	(e.g., online booking system) Creating a social media platform using a Facebook group as the main outlet. This Facebook group will feature short videos, short articles, engagement questions, and Facebook livestreams. Their will two target audiences 1. General public who needs to be provided accurate information to address Stigma and discrimination. 2. Adolescent and young people from key populations .
Key Stakeholders	National STD AIDS control Program, Human Rights commission Sri Lanka, Sri Lanka police, LGBT/ PLHIV/MSM and TG organizations, other Human Rights organization, an key experts on the topics
Technical Support Required	Technical information, expert opinion, current data and analysis support
Resources Required	6000 USD for six months. The concept note is attached with deliverables, key activates and out comes
Existing Available Resources	Video equipment, resource people and experts
Potential New Resources	Grindr for equality, Planet Romeo, Embassies in Sri Lanka
Perceived Challenges	The main challenges will be coming from conservative and extremist groups in the country as this Facebook. We expect different extremists groups to criticize this group on line. However this is also expected traffic in order to bring much attention.

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	(a) Strategizing the Facebook group and mobilizing the experts for technical input			
Key Activity - 2	b) Development of 4 short video interviews for month 1 of the Facebook group			
Key Activity - 3	(c) Development of 4 short articles, memes, provocative questions for month 1 of the Facebook group			
Key Activity - 4	(d) Development of the thematic video for month 1 of the Facebook group			
Key Activity - 5	(e) Launch of the Facebook group			
Key Activity - 6	Uploading respective resource including videos, articles and maintaining the Facebook group			
Key Activity - 7	Development of videos, articles and other materials for each subsequent month			
Key Activity - 8	4 Facebook live streaming			
Key Activity - 9	Evaluation Meeting			

The above timeline is done for 4 months and could be extended for a period of 1 year

XVIII. Thailand

Country	Thailand
Intervention Area	(e.g., reach, testing, treatment, retention, stigma & discrimination etc.) For TG and young MSM PrEP as Prevention and Self-testing and Reach and S&D
Activity	For TG and young MSM PrEP as Prevention and Self-testing and Reach - Video Production to walk through the process of Getting PrEP - Infographic to show hot to access PrEP
ICT Intervention	(e.g., online booking system) For TG and young MSM **PrEP as Prevention and Self-testing and Reach** - Video Production to walk through the process of Getting PrEP - Infographic to show hot to access PrEP
Key Stakeholders	The ministry of public health and Thailand FDA/ CBOs/ Donors/ Private sector
Technical Support Required	Knowledge management/ More research to support/ communications (BCC)/ service expansion/ PrEP Retention Management and tools/ centralized PrEP Case management system
Resources Required	Communications channels (mainstream channels/ TV)
Existing Available Resources	PrEP Video for MSM , PrEP video from testBKK, PreP ino by TRC, PrEP Info Booklet by TRC
Potential New Resources	PrEP Media for TG
Perceived Challenges	Tracking system, Retention PrEP, Availability and costing of PrEP

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	TG and young MSM - PrEP as Prevention (Video Production to walk through the process of Getting PrEP and Infographic to show hot to access PrEP)			
Key Activity - 2	Self-testing and Reach			

XIX. Timor Leste

Country	Timor Leste
Intervention Area	Reach, test and treat for MSM young people
Activity	Increasing young MSM number for HIV testing and access to treatment (provide capacity building to Outreach and peer leader how to reach, test and treat to the young MSM)
ICT Intervention	Utilize Facebook for posting information and video etc.
Key Stakeholders	Ministry of Health, National AIDS Commission, UNFPA, UN Human Right, Secretary State of Communication, and other partner
Technical Support Required	Communication specialist
Resources Required	Human Resource and Funding
Existing Available Resources	Office, Website, Facebook pages
Potential New Resources	IT person
Perceived Challenges	Limited funding

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Re-Organize resource availably and develop proposal	Review & Submitted proposal	Implementation (Develop SOP)	Monitoring and report
Key Activity - 2	Develop planning & Harmonize existing plan relation to ICT and approach to stakeholders	Recruitment for TA & National IT Stakeholders Regular meeting	Regular stakeholders meeting, provide service (reach & testing-refer)	

XX. Vietnam

Country	Vietnam
Intervention Area	Using ICT to increase reach and testing and PrEP uptake among MSM and TG in Vietnam
Activity	1. Increasing number of high-risk MSM and TG reached. 2. Increasing **HIV testing** access by MSM and TG 3. Increasing **PrEP** use among MSM & TG
ICT Intervention	**Making use of existing ICT Platforms (Xom Cau Vong, MTV Bus, Blue Sky, TestSGN, Lighthouse,...) to increase HIV testing and PrEP among MSM & TG** 1. Selecting a common platform for facilitating this activity (Xom Cau Vong - Rainbow Hamlet) 2. Mapping existing related platforms and services accessed by MSM and TG 3. Select appropriate services and platforms (friendly, comprehensive, MSM-and TG-led, private and public owned, etc.) MOUs developed to be led by HM 4. Market research to be done by private sector with the support of Health Markets on HIV testing preference, follow up on PrEP 5. Develop a comprehensive communication strategy to serve: - Video Challenges (celebs meeting, naked,) gifts will be presented to the winners (winners can choose from the lists of celebs. Seeking support from Healthy Markets team to support to find CBOs to host this activities - Gay-owned bars/restaurants/cafes will be invited to participate (sponsoring meals, drinks for free) - Dustin (MTV Bus) to connect with other celebs Using Facebook influencers to - Campaigns, off lines events, - Games, online games and Etc. 6. Monitoring & Evaluation (M&E) - an online survey to collect data - "Toi Hen – I reserve" - Asking the people who come to clinics for the services 7. Data widely dissemination (visual and creative) for greater impact of the workplan: Govt. (VAAC, MoH, PAC, community, etc.)
Key Stakeholders	- INGOs/ Local NGOs (PATH, SCID, CARMAH,) - CBOs (Light House, Blue Sky,) - Private Sector - Government
Technical Support Required	- Targeted Visual Media Content - Tableau - Continue to build relationship with private sectors (Zalo, Blued, Vina Games)
Resources Required	- Technical support (APCOM, FHI360, UNAIDS, HM, MTV, TAO, Phibious, Vinagames) - Financial support (APCOM, private sectors (gay-owned restaurants/cafes)
Existing Available Resources	- Existing platforms - Technical assistance - Community-based Organizations (CBOs) - Available MSM and TG friendly HIV and STIs services
Potential New Resources	- More resource mobilization from the private sector (drugs, media, diagnotics, ...) - Support from regional organisations/networks (APCOM, UN family) - Gay-owned entertainments establishments (bars, cafes,...) - Celebs (Chan Than San, ...)
Perceived Challenges	- Limited Resources

Timeline / Key Activity	Q1 year	Q2 year	Q3 year	Q4 year
Key Activity - 1	Selecting a common platform for facilitating this activity			
Key Activity - 2	Mapping existing related platforms and services accessed by MSM and TG			
Key Activity - 3	Select appropriate services and platforms			
Key Activity - 4	Market research to be done by private sector with the support of Health Markets on HIV testing preference, follow up on PrEP			
Key Activity - 5			Develop a comprehensive communication strategy	
Key Activity - 6			Implementation	
Key Activity -7				M&E: Data widely dissemination (visual and creative) for greater impact of the workplan: Govt. (VAAC, MoH, PAC), community

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.

Equity. Dignity. Social Justice.

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