

REPORT

Regional Youth MSM & Transgender Consultation Meeting

Bangkok, Thailand, 1-3 September 2010



Co-organisers:



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Foreword

The co-organisers of the consultation Hivos and the World AIDS Campaign would like to acknowledge the significant contribution and support made by UNAIDS to ensure that participants from the Pacific attended this important regional consultation. In particular, we would like to thank Geoff Manthey, khun Kung, Pauline Titus and the efforts of the staff at both the Fiji and PNG country offices.

The following individuals and organisations have provided us with most valuable support in organising this regional consultation meeting: 7 Sisters Secretariat (in particular Vince Crisostomo and Skand Amatyia); Asia Pacific Network of People Living with HIV (APN+) - particularly Pathompong Serkpookiaw, Raynu Vadanavid, Wirat (Nok), Sowat, Addy Chen and Shiba Phurailatpam); The International Treatment Preparedness Coalition (ITPC) Secretariat (Attapon Ed Ngoksin); Malaysian AIDS Council (Shah, Zaki); Fridae.com (Laurindo Garcia), APCOM Secretariat (Paul Causey), MSMGF (Jack Beck), Purple Sky Network (Midnight Poonkasetwatana), FHI (Ken Siroat and Charles [China office]); UNESCO (khun Ohm); UNAIDS (James Gray); AIDS Concern Hong Kong (Loretta and Joe).

For their generous time and support in allowing us to visit the following services, we would like to sincerely thank Dr. Frits Van Griensven (MSM Silom Anonymous Clinic); Khun Somsri Tantipaibulvut and khun Somchart (Thai Red Cross/ HIV/ NAT Research Center and Anonymous and Wednesday Friends Club); khun Somchai Phromsombut (Poz Home Center) and khun Surang Janyam (SWING).

Lastly, we would like to thank the working group members for their hard work and tireless dedication in supporting this event. Working hard in the background our thanks to Vanessa for his support with administration and logistics; Salina Abigail for this excellent report; Tim Zhou for translation and others too many to mention.



Acronyms and Abbreviations

ANPUD	The Asian Network of People who Use Drugs
APCOM	The Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of People Living with HIV
APNSW	Asia Pacific Network of Sex Workers
APNTG	Asia Pacific Network of Transgenders
ARV	Anti-Retroviral
ART	Anti-Retroviral Therapy
CBOs	Community Based Organisations
CSO	Civil Society Organisation
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
INGO	International Non-Government Organisations
JOTHI	National Network of PLHIV in Indonesia
LGBT	Lesbian, Gay, Bisexual, Transgender
MSM	Men who have sex with men
MSW	Male Sex Worker
NGO	Non-Governmental Organisation
PLHIV	People Living with HIV/ AIDS
STI	Sexually Transmitted Infections
TG	Transgender
UN	United Nations
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNAIDS RST	UNAIDS Regional Support Team
UNFPA	United Nations Population Fund
YPLHIV	Young People Living with HIV/ AIDS

Executive Summary

The Regional Youth MSM and Transgender Consultation Meeting was successfully held in Bangkok, Thailand, from 1-3 September 2010. 33 participants from 13 countries in Southeast Asia and Pacific regions participated in this meeting.

The meeting is the result of close collaboration between Hivos and the World AIDS Campaign (both of whom work extensively on youth and HIV issues) who developed a process for creating a working group consisting of young MSM and TG leaders in the region from key organisations working on related MSM and TG youth and HIV issues. With Hivos providing the core funding and World AIDS Campaign supporting the co-ordination, administration and logistics for the consultation the working group took ownership of the process and were responsible for the call for applications, the selection of participants and the meeting agenda.

Through presentations from various partners, the meeting provided the participants with key information they need in order to move forward with their activities. They were equipped with information on communication and partnership with technology, programs for PLHIV, existing regional responses and existing networks for youth and MSM/ TG in this region.

To equip the participants with information on communication and partnerships with technology, Laurindo Garcia (Fridae.com) shared the findings from the Asia Internet MSM Sex Survey (www.2010aimss.com) and encouraged participants to use web-based technology for campaigns on HIV and STI prevention targeting young MSM and TG.

Participants also learned about programs for PLHIV, through presentations from Wirastra Yogie Pamungkas (JOTHI) on the findings and recommendations from Youth PLHIV consultation, Laurindo Garcia (Fridae.com) on Positive Voices.net – a social networking website providing information and support to MSM and TG infected with HIV, Addy Chen (APN+) also introduced the APN+ Positive MSM Working Group.

James Gray (UNAIDS/ ACON Australia) presented on two collaborations of ACON (Australia) with Rainbow Sky Association (Thailand) and AIDS Concern (Hong Kong), in providing prevention, care and support services for MSM at the community level. Ken Siroat (FHI Asia Pacific Regional Office) presented Comprehensive Package of Services (CPS), which is aimed at providing a continuum of prevention, care, treatment and support services to reduce incidence and impact of HIV among MSM and TG in this region. Attapon Ed Ngoksin (ITPC) and Skand Amatya (7 Sisters) presented key findings from the youth regional mapping conducted by UNFPA from 2009 to 2010, to map youth-led organisations working on Sexual Reproductive Health and HIV issues in 21 countries in the Asia and Pacific region.

Several existing regional networks also introduced themselves to the participants. Skand Amatya (7 Sisters) introduced Youth LEAD, a project supported by UNFPA that targets young key affected populations from Asia Pacific region. Midnight Poonkasetwatana introduced the Purple Sky Network (PSN), a network that aims to reduce the risks, vulnerabilities and impacts of HIV/ AIDS and STIs among MSM and TG in the Greater Mekong sub-region. Laurindo Garcia introduced Insular Southeast Asian Network on MSM, TG and HIV (ISEAN) and Developed Asia Network for MSM and TG Sexual Health (DAN).

Participants identified the **five key issues** faced by young MSM and TG in this region, and recommendations to tackle the issues:

No.	Issues	Description	Recommendations
1	Stigma and Discrimination	Young MSM and TG face stigma and discrimination from all sides of the community – the government, their family members, their peers/ colleagues, and the general public. Stigma and discrimination limits the access that young MSM and TG have to health services, education and employment.	<ul style="list-style-type: none"> ○ Data collection on the needs, challenges, social complexities of young LGBT and YPLHIV community ○ Create youth-led, youth-centred activities to disseminate key information on issues affecting young MSM and TG. Examples of activities include: photography exhibition, community fair, workshops for parents and LGBT youths, cabaret shows, pageants, testimonial videos, theatrical performances, T-shirt design competitions, etc.
2	Education – Lack of Support and Resources	Young MSM and TG do not receive the education they need on sexual diversity and HIV and STI prevention, due to heterosexist sex education school curriculum. There is also a lack of youth-specific LGBT outreach activities to disseminate key information on HIV and STI prevention, particularly to those in rural areas.	<ul style="list-style-type: none"> ○ Youth LGBT consultation with Ministry of Education and other stakeholders to revise the current sex education curriculum, to ensure the inclusion of key information on sex and sexuality, i.e. sexual diversity and safe sex. ○ Publication of Youth LGBT online magazine. The magazine will be published four times per year, and will be available in a downloadable format that is easy to share through social networking tools such as facebook, twitter, etc. It will also be translated into local languages of this region. ○ Magazine pod cast that provides bite size information to educate and engage LGBT youths that is downloadable off the Internet.
3	Self-Issues	Issues affecting the confidence and self worth of young MSM and TG, usually due to lack of adequate information and education on sexual diversity.	<ul style="list-style-type: none"> ○ Qualitative study/ rapid assessment on self issues ○ Develop a training curriculum on self issues for youth leaders ○ Create safe space for youth MSM/ TG ○ Create educational campaign about self-issues through various media (online forum, newsletter, exhibition)

No.	Issues	Description	Recommendations
4	Networking	Representation and involvement of young MSM and TG in national and regional advocacy works should be improved. Collaboration and coordination between existing LGBT groups should also be improved.	<ul style="list-style-type: none"> ○ Create an online MSM and youth network for MSM and TG Youths in Southeast Asia and the Pacific region, using existing social networking websites such as facebook, fridae.com, twitter, MSN and Wei Bo (China). ○ Establish a national and regional MSM/ TG youth working groups ○ Ensure youth participation in existing national and regional MSM/ TG networks
5	Health and welfare – Lack of support and resources	Currently, most health services are not friendly to young MSM and TG. Health providers should be trained on the specific needs of young MSM and TG to provide a better, more sensitive service.	<ul style="list-style-type: none"> ○ Training for health care workers on MSM/ TG issues ○ Improve youth involvement in policy development, particularly for policies affecting youth ○ Improve coordination with health service providers to strengthen the referral system

On the second day of the consultation, participants had the opportunity to visit four sites to gain an insight into what types of HIV related services are currently available for youth TG and MSM in the Bangkok areas: 1) Thai Red Cross/ HIV/NAT Research Center; 2) Poz Home Center; 3) Sex Workers In Group (SWING); 4) MSM Silom Anonymous Clinic. In general, the participants felt that the site visits were an ‘eye opener’ and very inspirational. They were very impressed with the work being done at these sites, and hope to be able to also advocate for similar targeted services for young MSM and TG in their countries.

At the conclusion of the meeting, 13 people from partner organisations attended the meeting and listened to the recommendations presented by the participants to tackle the five key issues affecting young MSM and TG in this region. Partner organisations represented at the meeting included: International HIV/ AIDS Alliance; 7 Sisters; APCOM; UNAIDS RST; Bangkok Counselling Service; UNESCO; ANPUD; and the Global Forum on MSM and HIV. In general, the partner organisations are very supportive in helping the youth groups to move forward.

WAC and Hivos are called up to continue this process, to ensure that the youth efforts do not end when the consultation meeting is over. In his closing remarks, Paul Jansen from Hivos mentioned that there is a commitment from Hivos and WAC to support a follow-up meeting, to be held within 14 months time.

In the meantime the working group will continue to function and support the development of achievable action plans to meet the recommendations highlighted through the consultation. Setting up tangible linkages with the key organisations in the region will be an important first step.

Minutes of Meeting
Regional Youth MSM & Transgender Consultation Meeting
Bangkok, Thailand, 1-3 September 2010

DAY 1 – Wednesday, September 1st 2010

I. Welcome & Introduction

The facilitators, Zaki from Malaysia and Yogie from Indonesia welcomed everyone to the meeting, and asked participants to introduce the person sitting next to them.

Some of the participants shared their expectations of the meeting, as follows:

- To share information and lessons learned on the prevention and control of HIV/ AIDS and other STIs
- To learn about programs and activities implemented in other countries for young MSM/ TG
- To build a network of young MSM and TG in the region, and strengthen existing country networks in the Asia and Pacific countries.

Paul Jansen from Hivos welcomed the participants, and thanked the working group for their hard work in preparing the meeting. Paul remarked on how excited he was about the meeting, to have representatives of young MSM and TG in the region discussing key needs of youth program planning. This type of consultation meeting is special, because youth voice is so rarely heard. The outcomes of the meeting will be circulated all over the world.

II. Group Discussion: Key Issues Facing TG and MSM Youth

Participants were divided into four groups, to discuss key issues facing TG and MSM youth that some of the participants (from 8 countries) had identified when they submitted their applications to the Youth consultation meeting. They were asked to identify five key issues that need to be addressed.

Feedback from Group Discussion:

Group 1:

- Cultural and religious issues – In some countries, events organized by MSM or TG are usually surrounded by protests and even attack from fundamentalist religious groups
- Young LGBT coming out issues
- Discrimination against MSM and TG from the government and law enforcement groups
- Discrimination from within the LGBT groups (lesbians do not hang out with MSM, etc)

Group 2:

- Stigma and discrimination from family and the community
- Criminalization (usually in 'religious' countries)
- Lack of health services that are friendly to young MSM and TG
- Capacity building – There is a need to develop education and information program on HIV and STIs for MSM and TG with low education levels.
- Lack of job opportunities, particularly for TG

Group 3:

- Violation of human rights (Stigma and discrimination; Abuse from the community)
- Lack of education and skills (MSM and TG in rural areas have low level of education; lack of skilled/ qualified personnel among young MSM/ TG in this region)
- Lack of research conducted on MSM in Fiji and other countries in the Pacific
- Lack of funding for MSM/ TG initiatives, especially from local government
- Lack of quality services for MSM and TG Youths

Group 4:

- Stigma and discrimination (Religion and cultural beliefs that do not accept MSM and TG)
- Lack of access to quality information, care, support and treatment services
- Self-Issues: Acceptance, Growth, Coming Out, Identify Crisis.
- Lack of Government Support, particularly funding for NGOs
- Substance Abuse (poor lifestyle and health, lack of personal responsibility)

III. Group Discussion: Crosscutting Issues

Based on the issues identified in the previous group discussions, the participants identified five crosscutting issues, as follows:

- 1. Stigma and Discrimination**
- 2. Education - Lack of Support and Resources**
- 3. Self Issues** (Issues affecting the confidence and self worth of young MSM and TG, usually due to lack of adequate information and education on sexual diversity).
- 4. Networking.**
- 5. Health and Welfare - Lack of Support and Resources.**

Participants were then divided into five small groups, each to discuss one of the key issues identified, and answer the following questions:

- What is the situation like in the region/ country? Provide examples.
- Why is it important?
- How is it affecting the MSM/ TG youths?

Feedback from Group Discussions

1. Stigma & Discrimination

Situation	Important Issues	Effect on TG/ MSM
<ul style="list-style-type: none"> ○ Extremist religious and conservative society ○ Government: criminalization of MSM and TG; abuse from law enforcement agency ○ Media: negative perceptive of MSM and TG ○ Stigma and discrimination from family; peers/ colleagues; at the workplace and schools ○ Health: Lack of friendly health services ○ Lack of data and statistics on young MSM and TG ○ Lack of job opportunities (rejection from employers) 	<ul style="list-style-type: none"> ○ Basic human rights violation, including the freedom of expression (not to be forced to comply to the social norms) ○ Acceptance: health care facilities; society; government. ○ Advocacy and information: Young MSM and TG need to voice out and stand for their rights ○ To address self-stigmatization issues 	<ul style="list-style-type: none"> ○ Lack of freedom ○ Many young MSM and TG do not access health services they need, because of the stigma and discrimination they face ○ Lack of knowledge and information on MSM and TG issues ○ Lack of job opportunities is an obstacle in personal development/ future

2. Education: Lack of Support and Resources

Situation	Important Issues	Effect on TG/ MSM
<ul style="list-style-type: none"> ○ Conservative culture/ religion affects the quality of information disseminated at schools ○ Inadequate qualified and impartial educators ○ Sex is a taboo subject, at school and at home ○ Sex education at schools is heterosexist ○ Lack of youth-specific GLBT outreach activities to disseminate information ○ Inconsistent policies ○ Lack of education on HIV increases discrimination and ignorance towards PLHIV 	<ul style="list-style-type: none"> ○ Basic rights to quality education and information ○ Prevention is better than cure (bad habits die hard) ○ Education reduces stigma and discrimination 	<ul style="list-style-type: none"> ○ Increased risk of infections ○ Increased risk of suicide ○ Increased misconceptions about SRH, guilt about sex

Comments:

- Lack of education causes misconception about sex and sexuality, as well as increases the risk of STI (including HIV). Lack of education also causes MSM/ TG to feel guilty for their sexuality.

3. Self Issues

Situation	Important Issues	Effect on TG/ MSM
<ul style="list-style-type: none"> ○ Lack of understanding around sexuality and sexual identity (Sexual Reproductive Health, Gender issues) ○ Problems with self-acceptance, family acceptance ○ MSM and TG are labelled as 'sick and abnormal', which causes young MSM and TG to feel guilty about their sexuality 	<ul style="list-style-type: none"> ○ Self-acceptance encourages MSM/ TG to access health services, peer education programs ○ Overcoming self-stigma help ○ Create community support 	<ul style="list-style-type: none"> ○ Lack of access to services ○ Young MSM and TG have different needs, that should be addressed specifically by health service providers ○ Without proper education and information, young MSM/ TG may feel lonely and isolate themselves

Comments

- Education is the key need to help young MSM and TG overcome their self-issues. Young MSM and TG need to feel confident, in order to be more productive and more helpful to other young MSM and TG who may feel confused about their sexuality.
- Services for young MSM and TG living with HIV should be designed to specifically meet their needs.

4. Networking

Situation	Important Issues	Effect on TG/MSM/ PLHIV
<ul style="list-style-type: none"> ○ Poor representation and involvement of MSM and TG youth in advocacy works ○ Lack of collaboration between existing LGBT groups ○ The use of technology for networking needs to be maximized ○ Tap non-LGBT ally networks or business to increase resources 	<ul style="list-style-type: none"> ○ Fill-in service gap ○ Better resource allocation ○ More voice and power to young TG/ MSM/ PLHIV ○ Platform to support community level programs ○ Provide quality information 	<ul style="list-style-type: none"> ○ Access to information ○ Platform to listen to MSM and TG voices ○ Empowerment ○ Raise awareness about sexual health ○ More support and resources is needed

Comments:

- In Philippines, MSM and TG youth are more interested in parties than being involved in advocacy efforts. Awareness raising activities targeting young MSM and TG need to be designed in a fun and interesting way.
- In China, a working group was established to focus on MSM and TG works, so that there is a better resource allocation and better division of labour. The working group consists of several CBOs, who meets quarterly and distributed newsletter regularly. The working group ensures exchange of information between different CBOs. This can be used as an example for other countries where there is a lack of collaboration and coordination among existing LGBT groups.

5. Health and Welfare: Lack of Support and Resources

Situation	Important Issues	Effect on TG/ MSM
<ul style="list-style-type: none"> ○ Health care providers do not have the skills needed to provide quality service that are young MSM/ TG friendly. Health services should be provided in a comfortable and friendly environment ○ MSM and TG lack access to prevention, care, support and treatment 	<ul style="list-style-type: none"> ○ Health care providers need to be trained to be more sensitive and provide health services with a better quality ○ Improve access to prevention, care, support and treatment services 	<ul style="list-style-type: none"> ○ Increased risk of HIV and other STIs infection ○ Lack of trust from TG and MSM to health care providers ○ Poor access to services

Comments:

- Health care providers do not understand the needs of MSM and TG. This includes counsellors providing the counselling services. There is a need to train the health care providers on the needs of MSM and TG, in particular young MSM and TG.

IV. In-Country Activities

In this session, participants were invited to share about the current situation on young MSM and TG in their countries, as well as existing programs and activities that are being implemented.

Hendri from Indonesia shared that he is a member of the UNFPA Youth Advisory Panel, and that they are developing a book on reproductive and sexual rights. The book contains testimonies from sex workers, MSM and TG, and will be distributed to public schools. He is also a member of the Independent Youth Alliance, who is lobbying government institutions to integrate MSM/ TG issues into their programs.

Ari from Indonesia shared about the research project he is conducting, to collect information from young MSM working as sex workers and living in the streets of Bali, about their lives, issues they face, and their key needs. His organisation is also providing information on HIV and STI prevention to them, through outreach activities that have been implemented for around six months.

Shazny from Malaysia shared his experience in improving young MSM/ TG's access to information on HIV and STI prevention. Although there is a lot of funding available, he feels that the problem is the MSM community itself. Information is already provided through a social website called 'Planet Romeo', but it is rarely accessed by the MSM community as they only access 'fun' activities but not the information and education that is provided for them.

Art from Philippines shared about the project his organisation – Butterfly Brigade – is implementing in Barangay. The project aims to provide information, education and condoms as a mean of HIV and STI prevention for MSM and TG in the province, and is supported by the local government.

V. Group Discussion: Sub-Regional – Finding the Common Ground

Participants were divided into small groups based on the region that they are from, to discuss: 1) common issues among countries in the region; 2) how programs can meet halfway (identifying programs that can work in more than one country); 3) best practices.

What works in your country might not work in another

Feedback from Group Discussion:

1. Pacific (Fiji and PNG)

Common Issues	<ul style="list-style-type: none"> ○ Stigma and discrimination ○ Health care workers lack the skills to provide quality services ○ Abuse and violence, from law enforcement agencies and other members of the community ○ Low program coverage (only in major cities) ○ Lack of support from religious groups ○ Lack of resources – Fiji is now ineligible for Global Fund grants, as The Global Fund has classified it as middle-income country. ○ Lack of evidence-based information on MSM and TG in the Pacific
Best Practice	<ul style="list-style-type: none"> ○ Networking among MSM and TG organisations ○ Pageants by MSM groups in Fiji, that are used to disseminate information to other MSM and TG in the Pacific

2. Insular (Indonesia, Malaysia and the Philippines)

Common Issues	<ul style="list-style-type: none"> ○ Funding from government is cut ○ Main mode of HIV transmission is sexual intercourse (Philippines
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	<ul style="list-style-type: none"> and Malaysia) ○ HIV sero-surveillance (Indonesia) ○ Religious groups issues (Indonesia) ○ Limited access to Universities for TG ○ Networks are not consolidated
Specific Issues	<ul style="list-style-type: none"> ○ Sodomy Law (Malaysia and Indonesia) ○ Education system: <ul style="list-style-type: none"> - Malaysia: flexible for MSM and TG - Indonesia: flexible for MSM, more difficult for TG - Philippines: difficult for both MSM and TG. Schools implement a 'masculinity test' (interview and signing a form stating that you are not gay), particularly in schools for boys. Teachers would call parents to inform them if their children behave in a 'feminine' way. ○ Job opportunities: <ul style="list-style-type: none"> - Indonesia: very limited - Philippines: open to certain industries - Malaysia: there are opportunities, more flexible
Best Practice	<ul style="list-style-type: none"> ○ Methadone clinics (NEP) – Indonesia and Malaysia ○ Consolidation of LGBT groups, for program implementation and advocacy activities ○ Anti-discrimination Local Ordinance ○ Philippines fighting for anti-discrimination bill for protection against abuse by policemen

3. Mekong (Myanmar, Cambodia and Viet Nam)

Common Issues	<ul style="list-style-type: none"> ○ Stigma and discrimination from families and societies ○ In Myanmar and Cambodia, MSM and TG activities are often protested by the government and law enforcement, and threatened with imprisonment ○ MSM and TG in the region are not treated fairly by service providers ○ Policies related to MSM and TG is still not supportive ○ Lack of funding resources for program implementation ○ Insufficient information and education for MSM/ TG in rural areas ○ Government and general public need to be educated, so that MSM/ TG are not continuously mistreated, and program implementation receive the support it needs to move forward.
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4. Siam (Thailand, Lao)

Common Issues	<ul style="list-style-type: none"> ○ Stigma & Discrimination: There are less stigma against MSM/ TG in Thailand, compared to in Lao ○ Easier to find work in Thailand, no oppositions from the government. In Lao, it is more difficult for MSM/ TG to find employment. ○ Self-issues: MSM and TG are faced with stigma and discrimination, particularly in rural areas.
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	<ul style="list-style-type: none"> ○ Support and Resources: There are fewer organisations working on MSM/ TG issues in Lao, compared to the many organisations in Thailand. Program implementation is more difficult in Lao.
Meeting Halfway	<ul style="list-style-type: none"> ○ Networking: collaboration between MSM/ TG groups in both countries
Best Practice	<ul style="list-style-type: none"> ○ MSM issues are incorporated in the national AIDS plan in both countries ○ There is a website to provide information that can reach all target populations

5. Developed Countries and East Asia (Singapore, China, Hong Kong)

Best Practice	<p>The use of internet to disseminate information:</p> <ul style="list-style-type: none"> ○ Hong Kong and Singapore use MSM 'chat rooms' on social networking websites to reach young MSM and TG. They can send any questions they might have to medical practitioners through anonymous posts. ○ In China, young MSM and TG are reached through two types of websites: health website and social networking websites. Both websites have chat rooms that allow people to post questions that will be answered directly by doctors.
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VI. Communication and Partnerships with Technology

Presenter: Laurindo Garcia, HIV Program Manager, Fridae.com

In this interactive session, participants learned about how they can use technology to improve dissemination of information to their target groups.

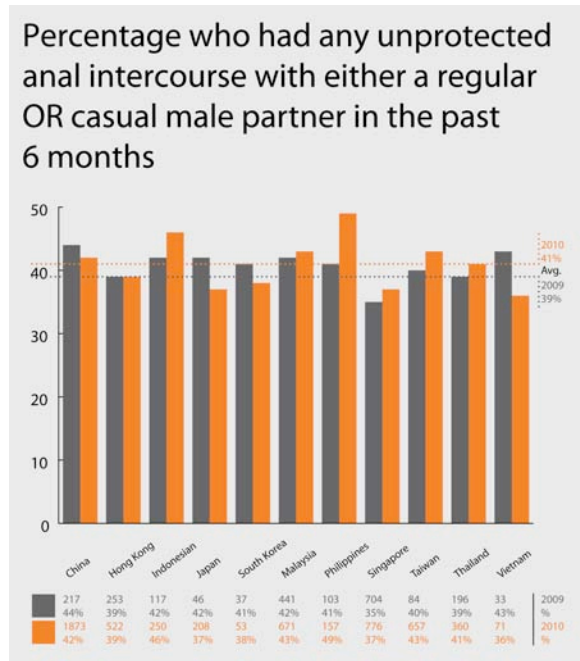
Mobile phone is the number one technology used by MSM and TG to 'hook up', followed by Internet and fixed telephone lines (land lines). Although uptake of mobile broadband has increased significantly from 2007, in the last three years, there is also a rapid growth of Internet users. The number of Internet users in developing countries has increased from 0.8 billion in 2003 to 1.8 billion in 2009. This means there are more Internet users in the developing countries, compared to those in the developed countries. Online sexual networking websites are perhaps the most common way to find a sexual partner.

Laurindo then shared about the Asia Internet MSM Sex Survey (www.2010aimss.com) that was conducted for two months in 2010. The AIMSS was conducted in English and nine additional Asian languages and dialects (Mandarin Simplified, Taiwanese Traditional and Cantonese), Japanese, Thai, Filipino, Bahasa Malaysia, Bahasa Indonesia and Vietnamese.

In 2009, there were a total of 5,806 completed questionnaires, and 13,882 respondents in 2010. The biggest age group represented in the survey was 31-40 years old, followed by 25-30 years old and 18-24 years old.

Key findings from the survey include:

- Internet is the most common way for men to meet other men
- Philippines has highest percentage of MSM who have never been tested for HIV (over 50%), followed by Indonesia (over 40%)
- Out of those who have been tested for HIV, Philippines has the most number of HIV infection cases, followed by Japan, Thailand and Taiwan.
- The percentage of MSM who had any unprotected anal intercourse with either a regular or a casual male partner in the past six months is quite high in almost every country, with Philippines being the highest, followed by Indonesia. However, sex with regular partners has much lower rate of condom use than for sex with casual partners.
- Sex parties are becoming commonplace in most countries, where recreational drugs (including methamphetamines, i.e. “ice”, “shabu”) are being used. The percentage of MSM who reported attending private sex parties as a venue for meeting men for sex in the past six months is highest in the Philippines, Thailand and Viet Nam.



Philippines is of particular concern and appears to have the preconditions for a future epidemic, due to: 1) low condom use; 2) low testing rates; 3) high prevalence among those who have been tested; 4) multiple sex partners; 5) sex parties.

The most common way that community groups use technology for their campaigns is **chat room campaigns**¹. Workers from community-based organisations or AIDS service organisations passively lurk in chat rooms and provide health information and HIV testing referrals when asked. Other examples include: mobile-phone based campaign in Ghana, Africa and health care workers ‘blasting’ out educational and promotional messages through a loud speaker when conducting outreach activities.

¹ [Benotsch et al. 2006; McFarlane et al. 2005]

Participants shared that they usually use MSN and Facebook social networking websites to assess their target group. A part time staff or volunteer is usually assigned to manage the 'chat rooms' used to disseminate information. The challenge is the lack of human resource and the time needed to manage the 'chat rooms'.

Laurindo shared the link to several websites of interests:

- Direct safer sex information, www.fckits.org by DC FUKIT (U.S.A); Manhunt Cares. This website provides HIV and STI prevention information in a graphic content, that may not be able to be reproduced in Asian countries. Mplus (MSM organisation in Chiang Mai) have done a similar project in Thailand, where information on HIV and STI prevention was provided through animation and comic books.
- Online game promoting condom use www.acondom.org by ACON, (Australia). This website provides information on the prevention of HIV and STIs through interactive web games targeting young people and was connected to a broader social marketing campaign. People can play the game online, while also learn about safe sex.
- Campaign promoting LGBT acceptance www.pinkdot.sg by PinkDot SG (Singapore). Pinkdot invites people to celebrate freedom to love by coming together and create a pink dot. More and more people are participating in pinkdot events, indicating a growing support from people around the country. In 2009, 2,500 people gathered to make a pink dot. On May 15th 2010, over 4,000 people gathered at Hong Lim Park in Singapore to form a giant pink dot to show support for diversity. In the pinkdot website, users can find videos of families of LGBT showing their support. One of those videos was shown, and received a very warm welcome from the participants.

Although there is a lot of optimism about web technology based campaigns, the scope and scale of campaign works has been limited. There should be more information about good practice in different countries, which means that partnership between MSM organisations should be improved.

"We have the power to disseminate information. We don't have to wait for more resources; the fastest way to share information to our friends is through facebook and email"

-Laurindo Garcia, fridae.com-

Some of the recommendations from fridae.com for the participants are:

- Improve communication skills of the organisations – learn to be better communicators!
- Share more about what works and what doesn't, and the reason why some programs work and others don't.
- Collect feedback from people who access your websites – ask them about the usability and their preferences, in regards to the campaigns you have created.

- Discuss with successful website owners to get more input about how to set up a successful website campaign.

VII. Reflection of Day One:

Participants reflected on the first day of the consultation:

- Most of the participants shared their excitement to be involved in the meeting, as it was the first time for many of them to participate in a regional forum. They also shared about how much they have learned from each other through group discussions
- Understand more about services provided in other countries, such as the use of technology to disseminate information.
- Learned about the common issues faced in different countries, and activities conducted in different countries.
- The five key issues identified today should be voiced louder and more often, so that more people would understand that these are issues affecting young MSM and TG.

"We are very excited to be supporting the Youth Voices Count Consultation. This represents a timely opportunity to reflect on the struggle that many young MSM and TG people face in advocating for and taking control of their own health, particularly concerning HIV and sexual health.

I believe that this is an important step towards strengthening the response to the epidemic by creating a space for this group to have a greater voice. It is my hope that this leads to more awareness of the skills and knowledge that many young MSM and TG people have to offer and for more opportunities to be involved in a meaningful way in all levels of the response."

- James Gray, Regional Capacity Development Officer MSM, Australian Youth Ambassador for Development-UNAIDS RST -

Summary of Day 1

- Participants identified five key issues faced by young MSM and TG:
 - Stigma and Discrimination
 - Education: Lack of Support and Resources
 - Self Issues
 - Networking
 - Health and Welfare: Lack of Support and Resources
- Stigma and discrimination:
 - MSM and TG suffer from stigma and discrimination from all sides: government, family, peers/ colleagues, and the general public.

- Young MSM and TG suffer from lack of freedom (not to be able to be who they are), which is a basic human rights violation.
 - Advocacy and dissemination of information is needed to address the issue of stigma and discrimination.
 - Stigma and discrimination causes limited access of young MSM and TG to health services, education, and job opportunities.
- **Education – Lack of Support and Resources:**
- The current sex education taught in schools is still heterosexist.
 - There is a lack of youth-specific LGBT outreach activities to disseminate key information on HIV/ AIDS and STIs prevention.
 - Lack of adequate information on sexual diversity and HIV and STI prevention increases the risk of infections, as well as increase the misconceptions about sexuality.
- **Self Issues:**
- Most young MSM and TG lack understanding of their sexuality, sexual reproductive health and gender issues.
 - Because MSM and TG are labelled as ‘sick and abnormal’, young MSM and TG would often feel guilty about their sexuality.
- **Networking**
- Poor representation and involvement of young MSM and TG in advocacy works
 - Lack of collaboration and coordination between existing LGBT groups
 - The use of technology for networking should be maximized.
- **Health and welfare:**
- Lack of health services that are friendly to young MSM/ TG, causing most young MSM/ TG to not accessing the health services available.
 - Health providers need to be trained on the specific needs of young MSM and TG, to provide a better, more sensitive service.
- Laurindo Garcia (Fridae.com) presented a session on ‘Communication and Partnerships with Technology’, where he shared the findings from the Asia Internet MSM Sex Survey (www.2010aimss.com) and the use of web-based technology for campaigns on HIV and STI prevention targeting young MSM and TG. Key findings from the survey include the emerging trend of Internet use and sex parties as the most common ways for men to meet other men. Out of thirteen countries in the Asia Pacific region that participate in this survey, Philippines is of particular concern and appears to have the preconditions for a future epidemic, due to the low condom use and HIV test rates, as well as the high prevalence of HIV among those who have tested.

DAY 2 – Thursday, 2nd September 2010

I. Review of Day One

Zaki began the meeting with a review of yesterday's discussions, and the five key issues that were identified: 1) Stigma and Discrimination; 2) Education: Lack of Support and Resources; 3) Self-Issues; 4) Networking; 5) Health and Welfare: Lack of Support and Resources.

"The biggest thing we want is to have is an MSM/TG Youth Association in PNG. With this consultation, I noted some points from each country so I can share with my fellow MSM/TG youth in Papua New Guinea."

**-Sam,
Friends Frangipani, Port Moresby, PNG-**

Zaki and Yogie then explained that today's meeting will focus on identifying where youth voices are lacking in the response, as well as recommendations that will be presented to the partner organisations.

II. Group Discussion: Gap Analysis

Participants broke into small groups, and discussed the strengths; weaknesses (gaps) of the current response to youth MSM/ TG issues in the region; and solutions to overcome the gap. After the discussion, each group was asked to present the findings from their discussion to a different group.

Feedback from Group Discussions:

1. Stigma & Discrimination

Strengths	<ul style="list-style-type: none">○ Existence of some peer/ support groups○ Supportive family
Weaknesses	<ul style="list-style-type: none">○ Lack of participation in cultural and religious activities○ Lack of support groups for young MSM/ TG○ Gap between youth in urban and rural settings○ Youth voices are not taken seriously
Solutions	<ul style="list-style-type: none">○ Establish a youth centered MSM support group/ a place to turn to (safe home) to reach out to rural areas○ Consolidation of different cliques in the youth LGBT community○ Create a global platform to access information/ resources○ Change the perception of the media on LGBT○ Create opportunities for LGBT youths to further develop their skills (professional development)

2. Education

Strengths	<ul style="list-style-type: none"> ○ Community Initiatives: School-centric; outreach; MSM/ TG centric ○ Partnerships with mainstream MSM/ TG organisations ○ Advocacy/ paralegal forums
Weaknesses	<ul style="list-style-type: none"> ○ Current sex education curriculum does not include information on safe sex, HIV/ STIs, gender, sexual orientation and other health issues ○ Current sex education curriculum in schools: <ul style="list-style-type: none"> - Heterosexist - Not grounded in reality/ practical - Boring - Messages not directive - No discussions about sexual diversity - Families not educated
Solutions	<ul style="list-style-type: none"> ○ Multi-level approach ○ Advocacy to government institutions: <ul style="list-style-type: none"> - Ministry of Education (content of sex education) - Social services ministry (reaching out to youth LGBT in rural areas) - Press (media): MSM/ TG youth friendly

3. Self Issues

Strengths	<ul style="list-style-type: none"> ○ Laos: Good peer education network among key organisations ○ Viet Nam: Skilled MSM outreach workers ○ Indonesia: Support from non-MSM/ TG organisations ○ Thailand: Strong curriculum for sexuality targeting TG and MSM; Media coverage of TG/ MSM issues
Weaknesses	<ul style="list-style-type: none"> ○ Lack of government support, especially for TG programs (financial, policy and advocacy) ○ Limited level of MSM/ TG participation in advocacy works ○ Stigma and discrimination in family/ society
Solutions	<ul style="list-style-type: none"> ○ Create partnership with non-MSM/ TG organisations ○ Identify gaps/ needs/ challenges for MSM/ TG to be presented to the government and use the evidence-based study to advocate for government support (technical support) ○ Increase financial support for advocacy and outreach works ○ Increase media coverage on MSM/ TG ○ Support youth leadership development ○ Improve family support: support groups for MSM/ TG parents; IEC material

4. Networking

Strengths	<ul style="list-style-type: none"> ○ Networks and working groups to share and update information are already established. There is a huge number of MSM and TG working in different places, who are all part of a larger network ○ In terms of networking, clear strategic plan for future national level works is already developed ○ Testing services are in place ○ Internet is used to reach out to MSM and TG ○ Easy to find volunteers ○ Easy to reach low-class MSM and TG
Weaknesses	<ul style="list-style-type: none"> ○ Anti-Discrimination Law ○ MSM and TG issues are not addressed properly ○ Communication and coordination between national and district level networks are still lacking ○ High prevalence of unsafe sex, promiscuity and HIV/AIDS ○ Lack of participation from youth MSM/ TG in advocacy and policy making ○ Young MSM/ TG face obstacle from their parents, who do not agree that they work on sexual reproductive health issues ○ Lack of funding for programs focusing on young MSM/ TG, especially funding from the government ○ Little research has been conducted on MSM and TG ○ Difficult to reach high class MSM ○ Discrimination against MSM and TG from the general population is very strong
Solutions	<ul style="list-style-type: none"> ○ Forums and Consultation meetings ○ Activities in programs for MSM/ TG youth should include advocacies ○ Create video to disseminate information to other young MSM/ TG ○ Strategic planning in all network levels ○ Provide capacity building program to allow youth to become leaders in their community. ○ Use existing testing services to look for volunteers ○ Use internet to promote available services ○ Reach more young TG/ MSM through LIVE activities (e.g. contests) ○ Improve the current curriculum ○ Strong partnership with online media for young MSM
Best practices	<ul style="list-style-type: none"> ○ MSM groups have monthly/ weekly activities and events (Pageants, Contests, Sports fests, and Parties) ○ The use of internet to promote information and services

5. Health and Welfare

Strengths	<ul style="list-style-type: none"> ○ Referral service for MSM and TG is available ○ Availability of friendly services for MSM/ TG (NGOs) ○ Good coordination between NGOs, CSOs and government
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Weaknesses	<ul style="list-style-type: none"> ○ Medical practitioners/ health care workers are not MSM/ TG friendly ○ Limited access to services and coverage in rural areas ○ MSM/ TG who are under 18 years old cannot access HIV testing and services ○ Health care policy targeted towards MSM/ TG were developed without consultation with MSM/ TG
Best Practices	<ul style="list-style-type: none"> ○ M-style program (Cambodia) <ul style="list-style-type: none"> - Provide education related to health, HIV, SRG, alcohol and drug use for young MSM and TG - Condom promotion, referral system to access VCT and STI service for MSM/ TG ○ Poz home support group (Thailand) <ul style="list-style-type: none"> - Support MSM in accessing service - Sharing info on where to access service ○ Safe Game Campaign (Fiji) <ul style="list-style-type: none"> - VCCT team and peer educators on site during national/ district netball game every weekend - Referral service ○ Teen Center (Philippines) <ul style="list-style-type: none"> - SRH campaign - HIV scholarship program

III. Presentation: PLHIV issues – Meaningful Involvement of PLHIV

1. YPLHIV Consultation

Presenter: Wirastra Yogie Pamungkas, JOTHI

- E-consultation on young PLHIV was held on GNP+ Positive Community E-space, and was conducted in four languages. The e-consultation was designed to inform the content of the face-to-face consultation in Amsterdam.
- 35 Young PLHIV from 31 countries participated in the 3-days YPLHIV consultation in Amsterdam. Same as the e-consultation, the meeting was conducted in four languages. The meeting aims to validate the priorities that emerged from the e-consultation, to develop general recommendations and gain consensus on YPLHIV issues, as well as to establish YPLHIV Advisory Group that will guide GNP+ and WAC YPLHIV programming.
- Key outcomes of the consultation are:
 - Disclosure and respecting the rights of YPLHIV: The current climate (legal, political and social) does not always support the rights of YPLHIV around the process of disclosure.
 - Diversity of the YPLHIV community: There is great diversity within the community of YPLHIV and stigma and discrimination relating to this

diversity is often one of the biggest obstacles to accessing adequate services.

- Continuum of Care for YPLHIV: YPLHIV go through a number of stages of development in their young lives that means their service needs may change and shift – programmes and policies must respond to this continuum of care.
- Leadership and Empowerment of YPLHIV: The skills and commitment that is abundant in the community of YPLHIV must be celebrated and strengthened through leadership and empowerment programming.
- Meaningful Involvement of YPLHIV: While young people living with HIV are often involved in the HIV response in some ways, there is no common understanding of best practice for meaningful involvement or some of the more specific barriers facing YPLHIV to achieving this involvement.

○ Recommendations on disclosure:

- Service providers, including teachers and healthcare providers, care givers and others that provide care and support to YPLHIV must have a greater awareness of the sensitive nature of the disclosure process and be equipped to support the decisions that YPLHIV make.
- YPLHIV need to be better informed about their rights and the implications of the laws and policies in their specific country contexts. This would include developing youth friendly information on laws and policies as they relate to disclosure.
- YPLHIV must engage and be supported by national, regional and international PLHIV networks to repeal existing legislation that restricts the rights of YPLHIV to choose if and when to disclose and advocate for supportive and non discriminatory laws that protect their right to make decisions around their own HIV status.

○ Recommendations on diversity:

- Programmers and policy makers need to meet the real needs of YPLHIV according to the diversity of the group – addressing the reality of the epidemic among young people is a critical step to delivering appropriate services.
- YPLHIV must start to systematically document and report cases of discrimination, working alongside national, regional and international networks of PLHIV and youth serving organisations to inform their advocacy efforts.
- Education providers need to acknowledge the diversity within the community of YPLHIV and within young people in general.

○ Recommendations on continuum of care:

- A strong mentorship programme needs to be developed and be supported by other partners, at all levels. It must recognize the gaps in the capacities of young emerging leaders and support them to gain new skills.
- An open and consultative space needs to be established with support of PLHIV networks for the regular transfer of skills and experiences to strengthen new leaders' capacities and continued development.
- YPLHIV must raise awareness among stakeholders as to the array of opportunities that exist to support the development of members of the YPLHIV community for the benefit of the HIV response more broadly.

- Recommendations on Leadership and Empowerment of YPLHIV:
 - Services must be integrated either in facility, or through a robust facilitated referral system that supports all YPLHIV at every stage of their development.
 - Further research is needed to understand the effect of HIV, and HIV treatment, on the physical, cognitive, psychological and sexual development of YPLHIV.
 - A framework needs to be developed that can be applied to programmes and policies to ensure a smooth transition between service settings through the continuous growth of children (paediatric – adolescent – young adult – adult) according to a set of criteria including but not exclusively age.
- Recommendations on Meaningful Involvement of YPLHIV:
 - Research is needed to ascertain the levels to which YPLHIV are currently involved in networks of PLHIV (at all levels) and youth led and serving organisations and initiatives and best practice developed accordingly.
 - Develop guidelines directed towards networks of PLHIV and youth led and serving organisations and initiatives, enabling the greater and more meaningful involvement of YPLHIV.
 - Support YPLHIV that are already engaged with networks of PLHIV and youth led and serving organisations and initiatives, to strengthen programmes and ensure advocacy messages are responsive to the needs of YPLHIV through strong networking across the YPLHIV community.
- Young PLHIV who participated in the consultation meeting also remarked on the need for YPLHIV to be more involved in existing youth-led projects on HIV, and for the ‘older’ generation to transfer their knowledge to the younger generation.

2. Introduction to APN+ Positive MSM Working Group

Presenter: Addy Chen, APN+ Positive MSM Working Group

- Asia Pacific Network of PLHIV (APN+) was established in 1997, and has three working groups: IDU, MSM and Women. APN+ MSM working group was established in 2007.
- Since it was established in 2007, the APN+ MSM working group has gone through a group restructuring to improve sub-regional representation. In the working group, there is a core group consisting of eight representatives from different sub regions, who work as a guidance body for the coordinator of the working group.
- APN+ Positive MSM working group focuses on advocacy works at the regional level for MSM issues, and building collaborations with other MSM networks/ groups both at the regional and national levels, as well as building the capacity of MSM in the region.

- Since 2007, the working group has also conducted numerous research projects, on MSM access to HIV/ AIDS treatment and services. Reports to all the research projects conducted by the working group can be downloaded in APN+ website (www.apnplus.org). In 2010, the working group also conducted training on research for HIV positive MSM.
- For the next two years (2011-2012), the working group will focus on youth leadership and development for youth in the greater Mekong sub-region. Young positive MSM will be mentored by older positive MSM, to allow transfer of knowledge and experience.

Comments:

- In response to a question from a participant from the Pacific about APN+ research in the Pacific islands, Addy explained that the research conducted by APN+ Positive MSM working group also involved two members from the Pacific, who have also produced country specific reports.
- Addy also explained that APN+ is a regional network, not an organisation. Contact with its network members are done primarily through e-mails and annual meetings. APN+ also facilitates sharing of information between countries in the region.
- Women Transgender have been involved in the research projects conducted by the working group, in the focused group discussions as well as interviews. However, there is no TG representative in the working group. Addy will raise this issue in the next core group meeting.
- In the research activities, data is collected through MSM self-help groups in each country. The questionnaires are disseminated through the positive MSM national networks, and data is collected only from people who are connected to the networks. This is one of the weaknesses of the research project, as it does not represent all MSM groups in the country.

3. Positive Voices.net

Presenter: Laurindo Garcia, HIV Program Manager, Fridae.com

- Positive Voices.net is a new initiative from Fridae.com, a social networking website designed for positive MSM and TG to provide them with the information and support they need while also build their social networks.
- Features provided include:
 - Virtual support group
 - + Life Map (information about each stage of a PLHIV's life since the test result comes back positive)
 - + Life Journal (a tool to track progress of the treatment)

- Expert panels
- Linkage to real time services
- Timeline:
 - Phase I will be launched by the first quarter in 2011 in three languages: English, Chinese (traditional and simplified), and Thai. Testing will be done by Quarter 4 of 2010, followed by road shows in major cities.
 - Phase II will introduce other major Asian languages and other functionality

Comments:

- Responding to a question from a participant about whether or not Positive Voices.net is a duplication of a similar program launched by UNAIDS (AIDS Space), Laurindo explained that the main difference is that Positive Voices.net is specific for Asia, and is built using the network that fridae has already developed.
- Laurindo also explained that although this website is open for everyone, certain features will only be available to people who have disclosed their HIV status.

IV. Presentation: Regional Responses

1. Cross-country collaboration: UNAIDS/ACON Australia/RSA Thailand

Presenter: James Gray, Regional Development Officer MSM, Australian Youth Ambassador for Development – UNAIDS Regional Support Team Bangkok

- Two main collaborations of ACON (Australia) are with Rainbow Sky Association (Thailand) and AIDS Concern (Hong Kong). These organisations provide prevention, care and support services for MSM at the community level.
- A condom reinforcement message was jointly developed by Rainbow Sky Association Thailand and ACON in both English and Thai language, and the promotion tool has been used in Thailand and Australia (Sydney).
- For over a year, UNAIDS has been developing a series of MSM Country Snapshots. 24 countries are represented in this project, which collects data and information in the past five years (epidemiology, behavioural knowledge, current country response, and results of interventions implemented in the country). The snapshot targets MSM in general, not specifically on young MSM and TG.

2. Comprehensive Package of Services (CPS) for HIV Reduction among MSM and TG in Asia and the Pacific

Presenter: Ken Siroat, Technical Officer, Male Sexual Health, FHI Asia Pacific Regional Office

- The CPS is aimed at providing a continuum of prevention, care, treatment and support services to reduce incidence and impact of HIV among MSM and TG in this region
- 4 key elements of CPS:
 - HIV Prevention: peer outreach; peer education; drop-in services; promotion of, and access to, means of HIV prevention; STI prevention and treatment and other sexual services; HIV testing and counselling
 - Access to HIV care & support, and treatment
 - An enabling environment for prevention and CST services
 - Strategic information
- Peer outreach, peer education and drop in services:
 - Working with community members to understand how MSM and TG can best be accessed, educated, and supported
 - Training and supporting peers to conduct outreach activities including online (internet) outreach activities
 - Designing different models for different sub- populations of MSM and TG
 - Establishing safe spaces (drop-in centres) and incorporating other services (HIV testing and counselling services) into drop-in centres
 - Effectively establish linkages and referral system between outreach services and relevant services (i.e. HIV counselling and testing service)
 - Producing and distributing tailored educational materials
- Promotion and access to HIV prevention:
 - Free or affordable access to appropriate quality condoms/lubricant
 - Providing a wide range of access sites
 - Linking condoms/lubricant and plain-language instructions for effective use in anal sex, and using social marketing to build acceptance of condom use
 - Working with NGOs/CBOs on condom-use messages that build a culture of condom use among MSM and TG
 - Ensuring that MSM and TG who use drugs can and do access clean needles and syringes, such as by outreach to injecting drug users (IDU) or by involving local pharmacies
 - Developing targeted campaigns using relevant channels and focusing on risks among MSM and TG
- HIV counselling and testing
 - Voluntary, with strict confidentiality
 - Friendly services and involving Cobs in the delivery of services
 - Available at a time, place, and environment that MSM and TG can and will access
 - Combined with risks reduction counselling and information
 - Linked directly to treatment, care, and support services for MSM and TG

- Linked to specific prevention services (i.e. drug treatment, IDU outreach, sex worker services) for MSM and TG who use drugs and/or sell sex
- Linked to other relevant needed services for MSM and TG: TB, social services, mental health, family planning
- STI prevention & treatment and other sexual health services
 - Friendly services with involvement of the community
 - Capacity building of medical providers and pharmacists on MSM and TG clinical practices
 - Adapting and promoting STI diagnosis and treatment guidelines for MSM, and quality assurance processes to ensure that guidelines are adopted properly.
- Access to care, support and treatment:
 - Employing MSM and TG in clinics to provide HIV support
 - Providing HIV treatment and care in clinics operated by CBOs/NGOs with strong linkages to mainstreamed ART centres
 - Establishing strong referral links between CBOs/NGOs and clinical services
 - Training HIV clinical staff in gender sensitivity and clinical assessment, diagnosis and treatment of STIs affecting positive MSM and TG
 - Using peer educators to provide support to MSM and TG
 - Providing HIV support group for HIV positive MSM and TG
 - Operating community positive health (“positive prevention”), care & support services for MSM and TG in collaboration with HIV clinics
 - Establishing referral system to specific services for positive MSM and TG such as social, mental health, and family planning
- Enabling environment for prevention and care & support, and treatment services:
 - Resolving clashes between HIV policies and other laws and policies that might impede the HIV response among MSM and TG
 - Reducing harassment, violence, stigma and discrimination toward MSM and TG
 - Involving CBOs/NGOs in the design and delivery of programs and services and ensuring continuity and consistency of services through advocacy and leadership building
 - Removing structural barriers to the use of services and programs by MSM and TG
- Strategic information:
 - Generate relevant data about MSM and TG for policy makers, program designers and implementers, and service providers in order to respond to MSM and TG needs
 - Building the capacity of NGOs/CBOs in developing relevant M&E system and in using data for their program
 - Disseminating findings of research, evaluation, reviews to policy makers, program designers and implementers, including community level organisations, and service providers
 - Assisting CBOs in translating findings from program data, surveys, program evaluation into actions

Comments:

- Responding to a question about drug treatment services available for young MSM, Ken explained that most MSM and TG do not inject drugs, and MSM CBOs are trying to link with drug users network to decide the most adequate response to handle drug problems faced by MSM and TG.

3. Youth Organisation Regional Mapping

Presenter: Attapon Ed Ngoksin & Skand Amatya

- From 2009 to 2010, KHANA, AIDS Alliance, and UNFPA conducted a study to map youth-led organisations working on SRH and HIV in the Asia Pacific region. This regional mapping was conducted on 75 organisations in 21 countries.
- Key findings include:
 - There are no well-established and well functional youth networks related to SRH/ HIV at the regional level.
 - Underrepresentation of underserved most-at-risk youths at all decision-making levels.
 - Absence of targeted intervention programs (for young key populations at higher risk).
 - Youth-serving organisations should strategically support capacity building and sustainability of youth-led initiatives
 - Youth-adult partnership in Asia is challenging as traditionally young people defer to elders and intergenerational relationship is not equal.
- Recommendations:
 - Strengthening youth participation and leadership in programs targeting youth (capacity building for youth)
 - Strengthening the technical and organisational capacity of youth-led organisations
 - Resource mobilization to ensure sustainability of youth projects
- Questions for participants:
 - Do you know your national youth policy or mechanisms for engagement?
 - Are youth involved in the development of country proposals to the Global Fund?
- Report of the mapping can be downloaded on:
www.asiapacific.unfpa.org/publications

Site Visit

For the rest of the second day, participants were divided into small groups, for site visits to:

1. Thai Red Cross/ HIV/ NAT Research
2. Poz Home Center
3. SWING (Sex Workers In Group)
4. MSM Silom Anonymous Clinic

Summary of Day 2

- Participants analysed the gap in the current response to young MSM/ TG issues in the region through small group discussions, and identified the strengths, weaknesses and solutions to overcome the gap.
- Wirastra Yogie Pamungkas (JOTHI) presented the findings and recommendations from Youth PLHIV consultation. Key outcomes of the meeting are: 1) Disclosure and respecting the rights of YPLHIV; 2) Diversity of the YPLHIV community; 3) Continuum of Care for YPLHIV; 4) Leadership and empowerment of YPLHIV; 4) Meaningful involvement of YPLHIV.
- Addy Chen (APN+) introduced the APN+ Positive MSM Working Group. APN+ Positive MSM working group focus on advocacy works at the regional level for MSM issues, and build collaborations with other MSM networks/ groups both at the regional and national levels, as well as build the capacity of MSM in the region. Since 2007, the working group has also conducted numerous research projects, on MSM access to HIV/ AIDS treatment and services.
- Laurindo Garcia (Fridae.com) presented the Positive Voices.net, a new initiative from Fridae.com, a social networking website designed for positive MSM and TG to provide them with the information and support they need while also build their social networks.
- James Gray (UNAIDS/ ACON Australia) presented on two collaborations of ACON Australia with Rainbow Sky Association (Thailand) and AIDS Concern (Hong Kong), in providing prevention, care and support services for MSM at the community level.
- Ken Siroat (FHI Asia Pacific Regional Office) presented Comprehensive Package of Services (CPS), which is aimed at providing a continuum of prevention, care, treatment and support services to reduce incidence and impact of HIV among MSM and TG in this region.
- Attapon Ed Ngoksin (ITPC) and Skand Amatya (7 Sisters) presented key findings from the youth regional mapping conducted by UNFPA from 2009 to 2010, to map youth-led organisations working on Sexual Reproductive Health and HIV issues in 21 countries in Asia and Pacific region.
- Participants visited four sites: 1) Thai Red Cross/ HIV/NAT Research Center; 2) Poz Home Center; 3) Sex Workers In Group (SWING); 4) MSM Silom Anonymous Clinic. In general, they felt that the site visits were 'eye opener' and very inspirational.

DAY 3 – Friday, September 3rd 2010

1. Feedback on Site Visits

Participants provided feedback on their site visits yesterday:

1. Thai Red Cross/ HIV/NAT Research Center and Anonymous Clinic

The site visit to the Thai Red Cross Anonymous Clinic and HIV/NAT research Centre proved to be extremely enlightening for the group of participants that included participants from PNG, Fiji, Cambodia and the Philippines.

Khun Somsri – who is in charge of the Thai Red Cross Clinic – gave a short history and presentation. She explained that the clinic was the first of its kind in Asia and is also a best practice model awarded by UNAIDS. The one stop site provides STI and HIV testing, CD4 and VL and resistance testing and VCT. There is also a newer MSM specific clinic that has peer counsellors and a doctor who can prescribe ART.

The Thai Red Cross have done a lot of innovative outreach to youth via school and army camp visits, where they provide cards to potential clients offering free HIV and STI screening. On a tour of the facilities, participants met and talked with counsellors at both the MSM Clinic and the Wednesday Friends Club (WFC). This club was established 20 years ago to provide peer support to PLHIV. It is also one of the first PLHIV support groups in the region and provides many services, such as hair cutting service, individual, couple and group counselling services. The youngest counsellor who works at the WFC is just 13 years old.

The group was also fortunate to meet one of the youth PLHIV counsellors, who shared his experience in dealing with his clients and was extremely inspirational to the participants. The meeting was concluded with a group photograph and an opportunity to purchase some gift items made by the WFC members that were on sale as part of their income generation project.

2. Poz Home Center

Participants who visited the Poz Home Center shared that they learned a lot about their visit to the Center, which was established five years ago, and focus on three PLHIV groups: MSM, MSW and TG. The Center is also focusing on a new group: Young PLHIV. The Center operates seven days a week.

Services provided:

- Counselling services are provided 24/7:
 - Direct (face-to-face) individual; couples and family counselling
 - Indirect counselling services (through mobile phones, internet chat room and general public hotline)
 - Referrals from other groups/ services

- Care and support:
 - Positive Living Focus
 - Weekly support group
 - Family day for all Poz Home Center participants
 - Music therapy
- Capacity building for PLHIV: on counselling and peer education
- Shelter for PLHIV (Accommodation for PLHIV from out of town who need to collect their ARV)
- Peer educators located in ARV centres in hospitals and clinics
- Volunteers act as mediators between PLHIV and health care providers, and help PLHIV in accessing the health services they need, including collecting their ARV drugs from the clinics.
- Volunteers also conduct home visits to PLHIV in the hospitals and those at home who are in need home-based care

For many of the participants, it was the first time they see a centre that provides such a comprehensive service for MSM and TG PLHIV. The visit was an eye opener that really impressed the participants, particularly because of the humility of the staff. Participants hope to also provide care and support services for PLHIV that caters to the specific needs of MSM and TG, and services that go the extra mile for MSM and TG PLHIV.

3. SWING (Sex Workers In Group)

Participants felt that the visit to SWING was very informative. SWING was established six years ago by a group of former sex workers to provide HIV prevention messages to sex workers and reducing the risk of HIV infection in greater Bangkok area, Pattaya and Samui Island.

SWING also partners with local private clinics and pharmacies, to allow sex workers to access the health services they need with a discounted price. SWING also collects community revolving funds to buy their own condoms.

SWING aims to bring the message of HIV and STI prevention to young sex workers in fun ways, such as through fashion shows and cabaret shows. Over time, the organisation has also developed good working relationships with owners and staff members of many local bars and entertainment, who help to raise awareness through safer sex prevention messages and fun activities. Sex workers in SWING also conduct a lot of community work, by entertaining children in orphanage or people in nursing homes with theatrical shows.

4. MSM Silom Anonymous Clinic

In general, participants were very engaged in the discussions. Dr. Fritz Van Griensven welcomed the group, and took the participants on a tour around the clinic. He explained the history of the clinic and the findings of several research projects that the clinic conducted since 2006. MCAB (MSM Community Advisory Board) that consists representatives from private, business (entertainment),

media, government and non-government sectors suggests Dr. Fritz on the research agenda as well as provides feedback on the design and implementation of the research.

The clinic currently provides VCT for Hepatitis A and B and HIV, vaccination for Hepatitis A and B, testing for STIs (particularly syphilis), TB and Viral Load for HIV. When a participant asked questions about Hepatitis C testing, Dr. Fritz acknowledged that there is a gap in providing service for Hepatitis. The clinic might consider providing the Hepatitis C test in the future, if there is available funding.

Most of the clients that access the services provided in the clinic are those living in urban Bangkok. They are mostly attracted to the facility because of its prime location in the gay communities and also the welcoming and cosy atmosphere inside the clinic. Although the clinic has also been providing services to foreigners, its main focus is Thai MSM.

All the services in the clinic are available for free. Dr. Fritz raised around US\$ 1 million for research projects/ cohort studies to cover all the costs to run a clinic, from salaries to expensive test reagents. Up to now, the clinic has provided free testing for up to 40,000 clients.

Dr. Fritz also explained that the secret to success is partnership. The clinic has been partnering with different stakeholders with big resources and different expertise.

II. Group Discussion: Consensus on Key Recommendations

Participants were broken into small groups that were divided by region, to develop 'SMART' (Specific, Measurable, Attainable, Relevant (realistic), Time bound) recommendations that will be presented to the partner organisations later today.

Guiding questions include:

- What can I commit to? Individual/Organisation
- What do I need to do when I go home?
- HOW? Do I have the right skill set?
- Who else can I work with?
- What kind of support do I need?

Feedback from Group Discussions

1. Developed and East Asia (Singapore, China and Hong Kong)

Stigma & Discrimination	<ul style="list-style-type: none">○ Programs for LGBT youths, developed by LGBT youths○ LGBT youth centered activities – celebration + festivities – conducted during schools holidays.○ Allow them to engage, create and celebrate their individuality
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	<ul style="list-style-type: none"> ○ Gives them greater visibility for LGBT youths and amongst other the youths in the majority. ○ Engage- LGBT community groups, other NGOs, community sponsors ○ E.g. – Singapore’s out fest: photography exhibition, outreach, community fair, prom, workshops for both parents and LGBT youths ○ Engage policy makers – Policy makers in the region do not recognize youth LGBT centric activities, nor do they openly support them. It would be good to get the ball rolling from grassroots level, give a good representation of the community using the HIV prevention angle to engage policy makers.
Education	<ul style="list-style-type: none"> ○ Radio show combined with MSM TG centric health information ○ Popular music from record companies: publicity for the artists, CSR projects for the music companies, e.g. Lady Gaga ○ Combined with bite size health info to educate LGBT youths ○ Good platform for LGBT youths who are musically inclined
Networking	<ul style="list-style-type: none"> ○ Form a coalition or group after this consultation ○ MSN, email group, facebook group ○ Immediately, NOW ○ Sharing of after-consultation information, publicity of the upcoming regional events ○ Engage – working group members
Self Issues	<ul style="list-style-type: none"> ○ WHO AM I video stories: <ul style="list-style-type: none"> - Self reflection videos - LGBT youths who are comfortable with themselves reflecting about their difficulties, how far they’ve come, the support they get, their hopes and dreams and the place where they are at now - Increases self esteem amongst LGBT youths, not feel alone ○ Engage – web content hosting, videographers, individuals (from across the region)

Comments:

- In response to a question regarding strategies for advocacy efforts to policy makers to ensure changes in the infrastructure, the group explained that they will start with organising the MSM/ TG youth at the grass root level first, hoping that the policy makers will meet them halfway and provide support after seeing their programs.
- Because parades and demonstrations are illegal in China, the campaign activities will take place during World AIDS Day campaign or campaign for the prevention of STIs.

2. Mekong (Thailand, Lao, Myanmar, Cambodia, Viet Nam)

Action Plan:

- Conduct assessment to collect data on the current situation, needs, and challenges for MSM/ TG Youth (on health care services as well as

education system, and youth MSM/ TG access to these services). Findings from the assessment will be used to develop the curriculum to mainstream sexual diversity in the school curriculum, advocacy plans and media work.

- Mainstream sexual diversity into general sexual health education curriculum.
- Use evidence based study to demand more funding from government, NGOs, CBOs, and INGOs to support youth friendly MSM/ TG health services, particularly those living in the rural areas.
- Support youth leadership through capacity building programs at the community level.
- Advocacy for more seats for youth at the existing regional/ national MSM/ TG networks, and establish a regional Youth MSM/ TG network in the future.

3. Insular (Malaysia, Indonesia, and the Philippines)

Stigma & Discrimination	<ul style="list-style-type: none"> ○ Fundraising through T-shirt/ Photography Competition Campaign (sold online through FB and other media, including in events with other LGBT organisations, clubs and party venues) ○ Themes: anti-violence, be yourself, I am not immoral ○ Timeline: 1-year
Education and Self Issues	<ul style="list-style-type: none"> ○ Develop a newsletter on youth, sexuality and HIV/ AIDS, written in a popular creative and hip style (e.g. seventeen magazine) that is translated to the languages of the region (Chinese, Tamil, Bahasa, Tagalog). ○ Collaborate with fridae.com and other MSM/ TG online campaigns to provide downloadable versions of the newsletter. ○ The newsletter will be published quarterly, and consist of 4-8 pages of illustrations, testimonies, quizzes and games, and schedules of upcoming events and activities. ○ Examples of topics: sex, healthy living, news (section for each country), letters from readers
Networking	<ul style="list-style-type: none"> ○ Create a SEAP youth MSM/ TG network (mailing list, twitter, FB) ○ Build partnerships with existing organisations – first 3 months ○ Regional annual general meeting in different cities in SEAP countries ○ Annual in-country consultation/ conference in own respective countries ○ Timeline: Starting in 2011
Healthcare and welfare	<ul style="list-style-type: none"> ○ Reach as many Youth MSM and TG as possible through outreach activities, providing them with condoms and IEC materials in cruising grounds. Road shows will be done regularly to rural areas. ○ Mobile VCT clinic – every month ○ Build partnership with existing outreach organisations

4. Pacific (Fiji, PNG)

Stigma & Discrimination	<ul style="list-style-type: none"> ○ Use internet to share successful stories and discuss issues with other young MSM/ TG
Education	<ul style="list-style-type: none"> ○ Consultation with Ministry of Education and other stakeholders through NACA (National Advisory Committee on AIDS) ○ Research on best practices from other countries and use existing modules ○ Mainstreaming gender issues into the school curriculum ○ Time frame: 1 year
Networking	<ul style="list-style-type: none"> ○ Establish a sub-group on youth MSM/ TG in NACA to move the discussion on young MSM/ TG issues forward at the country level. ○ Time frame: 3 months
Health care and welfare	<ul style="list-style-type: none"> ○ Training for health care workers in collaboration with Ministry of Health on MSM/ TG issues to raise the awareness of health workers on the needs of young MSM/ TG and improve their attitude in providing services ○ This activity has already been carried out in both Fiji and PNG ○ Time frame: 6 months

“This consultation will really help me a lot in sharing the information and outcomes with the MSM/TG initiative in Fiji and the Pacific, especially in areas where voices of youth MSM/TG are lacking. Personally I’m motivated to continue the work that I’m doing in Fiji with youth MSM/TG, knowing that there are other youth MSM/TG in the Southeast Asia and Pacific that are speaking out and making impacts.”

-Sulique,
Fiji Transgender Empowerment Project (Fiji Arts Council)-

III. Panel Speaker Session: Partnership & Opportunities

1. Youth LEAD Process and involvement of Most At Risk Populations Youth (MARPY)

Presenter: Skand Amatya, 7 Sisters

- 7 Sisters is a board-based alliance that brings together seven regional networks. Established in 2001, its founding members are: ASAP, APCASO, APR, APN+, APNSW, AHRN, CARAM-Asia. Under its restructured composition, the core members of the coalition include APN+, ANPUD, APTN and CARAM Asia.

- The idea for Youth LEAD initiative came soon after the 9th ICAAP in Bali, 2009, after observing the need for a youth led process to ensure quality of discussions, advocacy/ addressing the issues, and meaningful involvement to prepare the youth to be engaged both at the community, national and regional level.
- Supported by UNFPA, the Youth LEAD project targets young key affected populations from Asia Pacific region. The goal of the project is to have a meaningful participation of Young KAP in decision/ policy-making bodies towards the national and regional response to the HIV/AIDS.
- Youth LEAD activities:
 - Mapping of youth organisations/ focal points
 - Identifying key contacts/focal person (2 focal points per country –35 country focal points throughout the Asia Pacific region)
 - Establish an e-communication channel
 - Conduct online and print survey to youth at national level to identify gaps and loop holes in the existing service delivery system
 - Identify additional communications, effective non-internet based communication mechanism through.
 - Nominating and Forming Youth Advisory Committee (YAC)
 - Convening young KAP regional consultation (in November or December 2010)
- E-communication channel (www.youth-lead.org)
 - Forum for discussion related to Young KAP issues
 - Sharing of relevant resources
 - Conducting online surveys
 - Holding interactive training via the forum
 - Networking
 - Bringing out advocacy messages
- The Youth Advisory Committee (YAC) consists of 5-7 members who are nominated by the focal persons. The role of the committee are:
 - Identify platforms where youth voices should be heard
 - Address youth issues raised by country focal persons to other 7 Sisters network members, for regional level advocacy
 - Coordinate with the focal points in each country
 - Respond to emerging youth issues in the community
- Youth LEAD brings out a united voice of young KAPs, and participants were encouraged to nominate someone from the country to act as focal points, as this is an opportunity for youth voices to be heard.

2. Purple Sky Network (PSN)

Presenter: Midnight Poonkasetwatana, PSN Coordinator

- PSN coverage is the Greater Mekong Sub region (GMS): China (Guang xi and Yunnan); Cambodia; Lao; Myanmar; Thailand; Viet Nam.

- PSN aims to reduce risks, vulnerabilities and impacts of HIV/ AIDS and STIs among MSM and TG. PSN serves as a forum for in-depth discussion and coordination to ensure inputs and support from government, civil society, as well as international and national partners.
- There is a technical working group in each country included in PSN coverage, and two representatives of each working group sits at the PSN governance Board.
- Midnight suggested the youth MSM/ TG groups to collaborate with other regional organisations to provide capacity building programs for youth. PSN can also help to connect the youth groups with other groups in their country, using the PSN technical working group.
- Participants were invited to maintain communication with PSN, so that PSN can also help the young people advocate Youth MSM/ TG issues.

3. Introduction to Insular Southeast Asian Network on MSM, TG and HIV (ISEAN) & Developed Asia Network for MSM & TG Sexual Health (DAN)

Presenter: Laurindo Garcia, fridae.com

Laurindo introduced the Insular Southeast Asian Network on MSM, TG and HIV (ISEAN) and Developed Asia Network for MSM and TG Sexual Health (DAN), two networks for MSM and TG in the Asian region.

ISEAN:

- Focus countries: Brunei, Indonesia, Malaysia, Philippines, Singapore, Timor Leste.
- Organisations: GWL-INA (Indonesia); PT Foundation/ MAC MSM Cluster (Malaysia); TLF Share/ Babaylanes (Philippines); Afa/ Fridae/ MSM working group (Singapore)
- ISEAN submitted a Round 10 Multi-Country AIDS Proposal to The Global Fund, to strengthen community systems in the AIDS response.

DAN:

- Countries: Hong Kong, Japan, Macau, Singapore, South Korea, and Taiwan.
- Organisations include: Aids Concern (Hong Kong); Action for AIDS (Afa)/ Fridae/ MSM working group (Singapore)
- DAN will hold its first consultation meeting in Singapore, at the end of November 2010. Participants are welcomed to join the meeting, as this is an opportunity for youth to voice their needs and concerns in the meeting.

Comments:

- In response to a question about the benefit of being involved in the networks, Laurindo explained that it would improve collaborations

between the networks and strengthen advocacy efforts at the regional level.

After the presentations, participants were divided into small groups to sharpen the recommendations that they identified during the morning session, using the 'SMART' principle (Specific, Measurable, Attainable, Relevant/ Realistic, Time bound).

IV. Presentation of Recommendations to Partner Organisations

Yogie and Zaki introduced themselves, and welcomed representatives from partner organisations, and asked them to introduce themselves:

- Cess Millado (International HIV/ AIDS Alliance)
- Vince Crisostomo (7 Sisters)
- Paul Causey (APCOM)
- Beth Magne-Watts (UNAIDS)
- Don Knox (Bangkok Counselling Service)
- Su Yoon (UNESCO)
- Martin (UNESCO)
- Giten Khwairakpam (7 Sisters)
- Mohd. Firdaus 'Apit' (ANPUD)
- Dean Lewis (ANPUD)
- Steven Gu (APCOM)
- Jane Wilson (UNAIDS RST)
- Jack Beck (Global Forum on MSM and HIV)

Zaki then explained the five key issues affecting Young MSM and TG in Southeast Asia and Pacific, which were identified by the meeting participants: 1) Stigma and discrimination; 2) Education: Lack of support and resources; 3) Self issues; 4) Networking; 5) Health and welfare: Lack of support and resources.

Presentation of Recommendations

I. Stigma and Discrimination

Presenter: Suli (Fiji), Ari (Indonesia)

Issues:

- Barrier in prevention programs
- Barrier in accessing information and health care services
- Hinders work of organisations

Recommendations:

- 1) Data collection: the needs, challenges, social complexities of youth LGBT and YPLHIV community
 - Timeline: 5 months of field study, followed by a month data analysis
 - Methodology: Collect secondary data, or conduct a survey (both online and face-to-face) to collect the information needed.

- Partners/ Resources needed: Funding, human resources (volunteers), technical support (web creators) – from local and international LGBT, MSM and TG and HIV/ AIDS organisations
- Challenges: Not all youth have access to electricity or Internet; difficulty in finding youth volunteers.
- Outcome: A report based on the data collected, used to develop sexual diversity curriculum for schools; advocacy plans and media work.

2) To create Youth-led, Youth-cantered Activities

- Timeline: A pre-consultation meeting will be held in each country, followed by implementation of activities, and a common post-mortem sharing session at the regional level.
- Methodology: Photography exhibition; community fair; workshops for parents and LGBT youths; cabaret shows; pageants; testimonial videos; drama plays; t-shirt design competition; etc.
- Resources needed/ Partners: Local NGOs for funding; Local LGBT, HIV/AIDS, MSM and TG organisations; Government agencies; Art groups; Entertainment venues; Local celebrities; and educational institutions.
- Challenges: Lack of response and support from the youth themselves.
- Outcomes: Youth are provided with the opportunity to engage, create and celebrate their individuality; LGBT youths have greater visibility.

II. Education: Lack of Resources and Services

Presenter: Hender (Philippines), Isaac (Malaysia), Ben (Singapore)

Issues:

- Lack of adequate information on sex and sexuality from families
- Culture and religion prevents the dissemination of information on sexual diversity.
- The current sexual reproductive health education does not include any information on sexual diversity and safe sex.

Recommendations:

1) Youth LGBT consultation with policy makers

- Consultation with the Ministry of Education and other stakeholders involved in revising the current sex education curriculum:
 - Gather information on best practices in the region
 - Identify policy makers who are friendly to the sexual diversity issue
 - Get support from the coalition of LGBT youth services
- Timeline: 6 months to develop a coalition of youth LGBT services and 1 month for consultation with policy makers
- An action plan will be developed based on consultation with policy makers
- After implementation of action plans, stakeholders will be consulted to evaluate the program implementation

2) LGBT online youth magazine

- Issue: existing platforms are not catering to LGBT youth issues, specifically sexuality issues, and health care and support for young LGBT
- Objective: to provide an alternate platform for LGBT youths, by LGBT youths
- Style: creative, vibrant, culturally sensitive, and LGBT youth empowering
- The magazine will be published online, four times a year, and translated into languages of the region (Tamil, Bahasa Indonesia, Malay, Tagalog)
- Web 2.0 elements: downloadable information content (PDF); user generated information/ comments; easy to share articles freely (through social networking tools such as facebook, twitter, etc)
- Content: 4-8 pages of bite sized information, illustrations, testimonials, and letters from readers, schedule of upcoming events, quizzes and games.
- Example topics: sex, healthy living, news (section for each country)
- Engage LGBT friendly resources:
 - Health care professionals
 - Online web hosting
 - Correspondents on the ground
 - Web editor
 - Web designer
 - Forum/ comments moderators

3) Magazine Pod cast

- Combined with bite size LGBT issues + information to educate and engage LGBT youths
- Engaging content together with input from listeners – web host providers, youth centric MSM/ TG community groups, and creative content creators – e.g. Queer Comrades in Beijing.
- Pod cast can also be produced in different languages, to be downloaded off internet

III. Networking

Presenter: Eric (Hong Kong), Gelo (Philippines)

Issues

- Poor representation and involvement of MSM and TG youth
- Technology needs to be maximized
- Lack of collaboration of all LGBT groups
- Many levels of community based networks but poor in national
- Many advocacy programs but no involvement

Recommendations:

1) Create SEAP online MSM and youth network

- Facebook group (except in China), Fridae.com, Twitter, MSN, mailing list, Wei Bo (China) etc.

- Engage working group members primarily Youth Voices Count participants – NOW!
 - Post updates, information and announcements for communication and information dissemination
 - Moderated by IT committee (selected by the WG)
- 2) Establish regional and national MSM/ TG youth working group
- Create national working group then regional working group, once communication process is established after 1-2 months
 - Network coordinator/ working group with 1 or 2 representatives from country members
 - Working group members and coordinator will have consistent meetings to discuss strategic direction and planning of network (meetings to be held in different cities in SEAP countries)
 - Mentor working group is needed to guide MSM/ TG youth working group
 - Establish guidelines for working groups.
- 3) Youth participation in regional/ national MSM/ TG network
- Working group will require MSM and TG youth organisations to be part of regional/ national networks (youth and key population networks)
 - Build partnerships and liaisons with existing organisations and policy makers
 - Establish participation once MSM/ TG youth network has clear guidelines, objectives and goals

IV. Self Issues

Presenter: Kath (Thailand) & Hendri (Indonesia)

Issues:

- Social norms: stigma and discrimination, which is an obstacle for many young MSM and TG in accessing health services
- Lack of family acceptance and support
- Lack of adequate information and education on gender issues and sexual diversity, causing human developmental issues such as insecurity and lack of self-acceptance for many Youth MSM and TG.

Recommendations:

- Qualitative study/ rapid assessment on self issues
- Develop a curriculum on self issues and train new peer leaders with this curriculum
- Create safe space for youth MSM/ TG
- Create educational campaign about self-issues through various media (online forum, newsletter, exhibition)
- Timeline: 1 year

Who is involved?

- Youth; Stakeholders (expert organisations, counsellors, psychologists, professional health care workers, NGOs, INGOs, CBOs, and other

organisations that can provide technical assistance); Media partners - existing platforms (national: thailadyboy.net; regional: fridae.com, [gayromeo](http://gayromeo.com), and other community websites); Donors: local governments, UN agencies, bilateral agencies (Hivos), INGOs (7 sisters, WAC), etc.

V. Health care and welfare

Presenter: Sivola (Fiji) and Art (Philippines)

Issues:

- Poor attitude of health and welfare services causing limited access to these important services
- Lack of involvement of young MSM and TG in policy development
- Limited coordination between service providers and MSM/ TG groups

Recommendations:

1) Training for health care workers on MSM/ TG issues

- Potential partners: Ministry of Health and other government institutions, WHO, UN agencies, USAID, AusAID, and existing CBOs working on MSM/ TG issues
- Timeline:
 - Initial period (3 months): Identification of stakeholders/ resources; Consultation and validation
 - Design phase (3 months): Develop training modules
 - Implementation phase (5 months): Mobilization of National AIDS Authority; Sensitization workshops for hospitals and health care providers; Training of Trainers

2) Youth involvement in policy development

- Youth need to be involved in any policy agenda concerning health programs for young people, to ensure that the government supports youth issues politically and financially, particularly on young MSM/ TG issues.
- Young MSM/ TG should be a part of the national network of MSM/ TG in Southeast Asia and Pacific countries, conducting advocacy works in the area of Reproductive Health (including HIV/ AIDS) and Human Rights.
- Time frame: 1 year
- Methodology: sending requests to relevant ministries

3) Coordination

- Maintaining of regular communication with service providers, updating them with information related to MSM/ TG Youth issues, and strengthening the referral systems.
- Challenges: Utilization and gathering of data from different organisations
- Overcoming challenges: Coordination with Youth LEAD for data collection; networking; sharing of issues/ information.
- Time frame: 6 months

- All processes will be youth led with support from existing organisations World AIDS Campaign and Hivos

Comments:

- Paul Causey (APCOM) commented on the excellent overview of youth issues in the region, provided by the presentations of the youth groups, which he will take back to APCOM. Paul asked the participants to inform APCOM about youth representation, and whether youth should be represented in the APCOM Board. Paul also suggested the youth groups to collaborate with UN agencies. Steven Gu (APCOM) added that it is extremely important for APCOM to work with youth, and help youth groups in their advocacy works.
- Beth Magne-Watts (UNAIDS) complimented the participants on the excellent recommendations that they have just presented, which usually take adults months to develop. Beth is also interested to see how UN can collaborate with the youth groups.
- Giten Khwairakpam (7 Sisters) remarked that the issues faced by young MSM/ TG are similar with issues faced by young drug users, although there are some differences. He suggested the group to contact the UNAIDS PCB delegation and the community delegation to the Global Fund (contact details are available in 7 Sisters website) who are the representatives of key affected population groups in global forums, to ensure that youth issues are also being represented. He also suggested the group to approach UN agencies, as they can act as the mediator between community groups and government institutions.
- In response to the question raised by a representative from UNESCO about how the group plans to approach Ministry of Education to change the current sex education curriculum, the participants explained that it would be done through a multi levels approach involving Ministry of Education, teachers and students. The aim is not to develop a new curriculum, but to revise the existing one.
- Art, a participant from the Philippines, explained that based on his experience, direct approach from the community to the local community leaders is better because it will ensure sustainability of program funding. However, the situation is different from one country to another.

**We want to see action!
Not just promises!**

-Ari Budiman, Indonesia-

V. Assistance from Partner Organisations

Zaki asked the stakeholders which of the five key issues that are affecting young MSM/ TG that they would be able to commit to.

- Jane Wilson (UNAIDS) suggested the youth groups to use UNAIDS office as 'safe spaces' for youth. Although not a funder, UNAIDS can provide technical assistance and linkages with key organisations in the country and at the regional level.
- Paul Causey (APCOM) explained that APCOM is a coalition of community groups, through sub-regional networks with members who are involved in MSM/ TG works. APCOM can provide the youth groups with the resources and assistance that are needed, which for now is making sure that there is a youth representation in the APCOM Board, and providing the youth groups with policy direction.
- Cess Millado (Alliance) remarked that she cannot commit anything on behalf of her organisation, but she can commit herself to be the focal person to channel the youth groups with whatever technical support needed. She explained that Alliance has numerous resources that youth groups can access, such as: technical support hub for technical assistance; capacity building programs (including to conduct advocacy for sex education); various publications (including community participation tool for needs assessment, building advocacy, etc).
- Vince Crisostomo (7 Sisters) remarked that 7 Sisters will help bring the recommendations from this meeting to 7 Sisters member organisations.
- World AIDS Campaign (WAC) and Hivos are called up to continue this process, to ensure that the youth efforts do not end when the consultation meeting is over.

VI. Closing

Paul Jansen from Hivos shared that Hivos is committed to youth. The recommendations that the participants have developed will be taken back to Hivos, and asked that the group maintain communication with the working group. Voices of youth and PLHIV need to be taken seriously, and asked that the participants also be involved in the next ICAAP in Korea.

Paul also explained that this consultation meeting is only a start. A follow up meeting should be held in about 14 months' time to evaluate the progress that has been made with the agreed recommendations and projects. We need to transform this youth voice into concrete actions, the sooner the better. Hivos, like WAC and the other partners, is committed to take their share in this action oriented approach and the organising of the follow-up meeting.

Yogie then introduced the rest of the participants. The meeting was closed with the participants and stakeholders forming a circle of unity.

Summary of Day 3:

- Skand Amatya (7 Sisters) presented an introduction to Youth LEAD, a project supported by UNFPA that targets young key affected populations from Asia Pacific region. The project goal is to have a meaningful participation of Young KAP in decision/ policy-making bodies towards the national and regional response to the HIV/AIDS.
- Midnight Poonkasetwatana introduced the Purple Sky Network (PSN), a network that aims to reduce the risks, vulnerabilities and impacts of HIV/ AIDS and STIs among MSM and TG in the Greater Mekong sub-region (China (Guang Xi and Yunnan), Cambodia, Lao, Myanmar, Thailand and Viet Nam).
- Laurindo Garcia introduced two networks focusing on MSM and TG issues in the region: Insular Southeast Asian Network on MSM, TG and HIV (ISEAN) and Developed Asia Network for MSM and TG Sexual Health (DAN).
- 13 people from partner organisations attended the meeting and listened to the recommendations presented by the participants to tackle the five key issues affecting young MSM and TG in this region. Organisations represented by the stakeholders at the meeting were: International HIV/ AIDS Alliance; 7 Sisters; APCOM; UNAIDS RST; Bangkok Counselling Service; UNESCO; ANPUD; and the Global Forum on MSM and HIV. In general, the partner organisations were very interested in helping the youth groups to move forward.
- Summary of key recommendations from the participants:

No.	Issues	Recommendations
1	Stigma and Discrimination	<ul style="list-style-type: none"> ○ Data collection on the needs, challenges, social complexities of young LGBT and YPLHIV community ○ Create youth-led, youth-cantered activities to disseminate key information on issues affecting young MSM and TG. Examples of activities include: photography exhibition, community fair, workshops for parents and LGBT youths, cabaret shows, pageants, testimonial videos, theatrical performances, T-shirt design competitions, etc.
2	Education – Lack of Support and Resources	<ul style="list-style-type: none"> ○ Youth LGBT consultation with Ministry of Education and other stakeholders involved in revising the current sex education curriculum, to ensure the inclusion of key information on sex and sexuality, i.e. sexual diversity and safe sex. ○ Publication of Youth LGBT online magazine. The magazine will be published four times per year, and will be available in a downloadable format that is easy to share through social networking tools such as facebook, twitter, etc. It will also be

No.	Issues	Recommendations
		<p>translated into local languages of this region.</p> <ul style="list-style-type: none"> ○ Magazine pod cast that provides bite size information to educate and engage LGBT youths that is downloadable off the Internet.
3	Self-Issues	<ul style="list-style-type: none"> ○ Qualitative study/ rapid assessment on self issues ○ Develop a training curriculum on self issues for youth leaders ○ Create safe space for youth MSM/ TG ○ Create educational campaign about self-issues through various media (online forum, newsletter, exhibition)
4	Networking	<ul style="list-style-type: none"> ○ Create an online MSM and youth network for MSM and TG Youths in Southeast Asia and the Pacific region, using existing social networking websites such as facebook, fridae.com, twitter, MSN and Wei Bo (China). ○ Establish a national and regional MSM/ TG youth working groups ○ Ensure youth participation in existing national and regional MSM/ TG networks
5	Health and welfare – Lack of support and resources	<ul style="list-style-type: none"> ○ Training for health care workers on MSM/ TG issues ○ Improve youth involvement in policy development, particularly for policies affecting youth ○ Coordination with health service providers to strengthen the referral system

“Obvious as it seems, this consultation is a big success in terms of what we have really got after 3 days working beyond limits. The fire we share has been burning so bright that we have no reasons to hide but to raise our voices up for young MSM and TG all around. Lets get LOUD and keep the spirit up guys and gals!”

***-Tung Bui,
Vietnam Youth Participant-***

Annex I. List of Participants

No.	Name	Country	Email
1	Deb Bunthorn	Cambodia	bunthornkong@gmail.com
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5	Mituiseca Talala	Fiji	itsjustjune@yahoo.com
6	Sulivenusi Waqa	Fiji	suli_waqa@yahoo.com
7	Zhu Zhi	China	binbin880119@126.com
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Annex II. List of Working Group Members and Observers

I. Co-organisers

1	Greg Gray	World AIDS Campaign
2	Paul Jansen	Hivos

II. Working Group Members

	Name	Organisation
1	Attapon Ed Ngoksin	ITPC
2	Pathompong Serkpookiaw	APN+
3	Ken Siroat	FHI
4	Joe Chan	AIDS Concern Hong Kong
5	Shah	MAC
6	Zaki Azid	MAC
7	Wirastra Yogie Pamungkas	JOTHI Indonesia
8	Laurindo Garcia	Fridae.com
9	Hua	TG Network

III. Observers

1	Jack Beck	GFMSM USA
2	James Gray	UNAIDS
3	Steven Gu	APCOM ED
4	Skand Amatya	7 Sisters Youth Lead Coordinator
5	Addy Chen	APN+ Positive MSM coordinator

IV. Secretariat Staff

1	Vaness	Administration Assistant
2	Salina Abigail	Rapporteur
3	Raynu Vadanavid	Administration Support
4	Wirat (Nok)	Administration Support
5	Tim Zhou	Interpreter

Annex III. Key issues facing TG and MSM youth (as submitted in the initial Youth Consultation application submissions)

China

- Lack of self worth
- Sexually transmitted diseases, AIDS and sexual health knowledge and understanding, but how to better understand and transfer that knowledge into effective behaviour change.
- MSM and transgender persons youth - disconnect
- High rates of STI, HIV infection affecting youth;
- Family relations and being in the closet issue;
- Social prejudice and discrimination
- Stigma and discrimination

Philippines

- Early sexual involvement of young people especially the in school youth
- Lack of awareness about STI, HIV and AIDS
- Lack of awareness about sexual rights
- Increasing number of gays/lesbians at young age
- Gender bias among gays/lesbian
- Wide spread of pornographic materials especially on cell phones
- Drunkenness/ substance use
- TG specific issues:
 - Lack of legal recognition of one's gender identity
 - Discrimination at work, school, housing
 - Lack of access to competent healthcare (i.e. psychological and medical aspects of transition)
 - Lack of statistics about HIV/AIDS and how it affects transpeople
- MSM specific issues:
 - Discrimination at work, school, housing
 - HIV/AIDS education/prevention awareness
 - Access to affordable healthcare for people living with HIV/AIDS

Vietnam

- Stigma
- Insecurities
- Information shortage
- Health care inconvenience

Myanmar

- Stigma
- Discrimination
- Abuse (physically and mentally)
- MSM friendly services in promoting safer sex among young MSM & TG and comprehensive care, support and treatment programme
- Difficulties in behaviour change process

Indonesia

- Being afraid of the environment, especially the family
- Feel ashamed for committing male who have sex with male
- Lack of knowledge on prevention of sexual transmitted diseases and HIV
- Lack of awareness to appreciate healthy living and quality
- Some young MSM and TG still feel uncomfortable with their own sexuality

- Lack of young MSM and TG networks for local, regional, and international network.
- Lack of right information about sexuality and reproductive health.
- Lack of sexual education/ knowledge, which includes sexual diversity.
- It's still hard to do effective outreach for young MSM because a lot of them are still afraid of coming out (the conspiracy of silence).
- Some laws in Indonesia discriminate against MSM and TG.
- The lack of young MSM and TG participation in decision-making.
- The need of adult and young MSM/ TG partnerships.
- Comprehensive sexual and reproductive health education for young people
- Lack of reproductive health services that provide youth friendly service for MSM and TG

Papua New Guinea

- Stigma and Discrimination
- Violence (Physical and Verbal)
- Unable to access services
- Freedom of Movement
- Care and Support
- HIV Vulnerability
- Human Rights (especially on the rights of MSM/TG Youths.)
- High Stigma & Discriminations (among all populations in every societies) and between MSMs and TGs themselves
- Communication barriers (various vernaculars, low literacy rate)
- Cultural sensitivities in regard to sexual health education
- Sexual harassment faced by MSMs and TGs and those people who worked with MSMs & TGs in Public Places
- Violence against those people who worked more closely with MSMs and TGs, and even MSMs and TGs themselves.
- Fear of coming out from their comfort zones
- Forced in to marriage against their will/like
- Heavy Stigma & Discrimination to us MSM and TG in community, workforce and entire public
- We live in fear all the time when moving around the community and public places like, towns, market places, etc.
- Bash up by street boys or even Police men
- Sexually abused by Policemen and Defence force.
- Men sexually abusing TGs and having unprotected penetration (sex).
- No respect is shown from the communities and general public.
- Classified as low class in the community
- Have no values in the community (Useless/Hopeless)
- Vulnerable group in the community
- Most families neglects MSM and TG (Rejected from the family)
- Verbal abuse
- Violence
- Bad comments from the public
- At very high risk of contracting HIV, STI, etc
- No proper support from the service providers
- No secured place for MSM/TG to access services
- Insufficient access to information
- No proper services for MSM/TG and lacking information on safety and other services, etc.

Singapore

- Coming out issues
- Identity crisis
- Not knowing where to seek help when in doubt
- Unsure the facts about HIV/AIDS, and STIs
- Being naïve and gullible when dealing with sex
- Not having a sense of belonging, or pride in oneself when dealing with the GLBT community, except for having fun at clubs, and such

Hong Kong

- Low awareness on safer sex. I am sure that most of the MSM youth have had enough safer sex (HIV/AIDS/STDs) knowledge that could be supported by VCT/workshop/outreach experience. They demonstrated good knowledge, which they found those information from Internet or by outreach workers etc. However, they are relatively high risk when they engaged in a relationship (boyfriend, partner or even ONS) Usually, because of TRUST / think no condom is more intimacy / show care and love then it is all right to have sex without condom. This is also our challenge in dealing with MSM youth. What we can do is to have more discussion/reflection/role-play with them during our prevention work so hope to raise their awareness.
- Attitude to safer sex. I think the testing service that provided by GO or NGOs are quite enough. However, MSM youth seem that not really care about testing. (We only had around 15% clients from VCT were below 25 years old from last year data, and less than 10% clients from Internet outreach would asked about safer sex issues, but 85% of them would like to talk/share about relationship issue). We have to change their attitude by doing more campaign to raise their awareness. However, GO and NGOs in Hong Kong just focusing on testing programme but not into campaign or workshops.
- Come out issue. Due to Chinese traditional reason, it is not easy for a Chinese guy whatever what ages to come out with his friends and family. As mentioned previous, MSM youth in HK is concerning about relationship (I am sure in every countries) and therefore, they would like to have intimacy behaviour when they are hang out, like holding hands, hug etc, which is not impossible/acceptable in HK.
- No supporting networking. Just 2 NGOs (AIDS Concern and BGCA) are doing some service that targeted for MSM youth.
- **The social Norm + Stigma:** Social Norm is controlled by the social culture, religion and traditional thinking. We can learn it from our family, community and Gov. For Chinese, a gender “Male” is super important. They are the financial support in their family. Besides, reproduction and provide protection to family are the main duties for them according to our traditional mind. And most of us are misunderstanding that “GAY” must be equal to “Sissy”. It cause we cannot be accepted.
- In HK, TG & MSM (youth) are facing a problem because of the social Norm. “The old mind” is one of the hinder for us. Our family continuously repeat to us that they cannot accept “gay”. BUT I am or some of us are GAY now. This

will impact our Identity sometimes as most of us were tried to ask a question that is “WHY I M A GAY BOY” at the very beginning in the pass.

- Our city may NOT FULLY accept “Gay concept” and “TG” in the pass and NOW. Some of our citizens believe that gay man can change their “sexual **orientation**” very easily. Some of them think “gay” are very dirty. And some of them put gay into HIV+ together. It seems that they are lack of knowledge in the topic of gay.
- **Resource allocation**: At the very beginning in HK, our policy is in Prevention. BUT now, I think the resource should be allocate more in the topic of MSM Youth , TG and Long-term activities program but not current anymore. Nowadays, in HK not much NGOs / GOV program can offer some Long-term Youth (MSM) Program to our Youth because the lack of Gov Resource. I believe that building a relationship is necessary for the MSM Youth program. And if we want to promote the positive value like safer sex to them, we still need some more time. As a MSM, I know that there are a lot of resources to our community. But if we want to find the program that is just for YMSM, it is lack of this. That's why I said, the resource allocating should be concern.
- **Drug Issue**: Apart form the above points; I think the issue of drug abuse is one of the most affecting points to our YMSM. Some of them may take drugs in sex parties and their behaviour will be out of control.