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Enabling effective voluntary counselling and testing for men who have sex with men

Increasing the role of community based organizations in scaling up VCT services for MSM in China

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This occasional paper, Enabling effective voluntary counselling and testing for men who have sex with men, is an outcome of several meetings convened by the United Nations Technical Working Group on MSM and HIV/AIDS (UN-TWG/MSM) in China during 2006 to 2008.

Established in 2006, the UN-TWG/MSM brings together representatives from national and international nongovernmental organizations, donors, governmental agencies and the UN system. The UN-TWG/MSM is currently chaired by United Nations Development Programme (UNDP) and works under the guidance of the UN Theme Group on HIV and AIDS.

The UN-TWG/MSM aims to increase the involvement of MSM and gay community based organizations in policy development, and programme design, implementation and monitoring to support China's national response to AIDS among this most at risk population.

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Commonly Used Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APCOM	Asia Pacific Coalition on Male Sexual health
APLA	Los Angles AIDS Project
ART/ARV	Antiretroviral therapy or treatment/antiretroviral drugs
CBO	Community-based organization(s)
CDC	China Centre for Disease Control and Prevention
FHI	Family Health International
IEC	Information, education, and counselling
HIV	Human Immunodeficiency Virus
IDU	Injection drug user
ILO	International Labour Organisation
INGO	International nongovernmental organization(s)
MOF	Ministry of Finance (China national government)
MOH	Ministry of Health (China national government)
MOPS	Ministry of Public Security (China national government)
MSM	Men who have sex with men
NCAIDS	National Centre for AIDS/STD Control and Prevention
NGO	Nongovernmental organization(s)
PLHIV	Person or people living with HIV include those with AIDS
PMTCT	Prevention of mother to child transmission of HIV
SFDA	State Food and Drug Administration
STI	Sexually transmitted infection(s)
SW	Sex worker (FSW – female; MSW – male)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAIDS RSTAP	UNAIDS Regional Support Team Asia and the Pacific
UNDP	United Nations Development Programme
UNDP RBAP	UNDP Regional Bureau Asia and the Pacific
UNFPA	United Nations Populations Fund
UN-TWG/MSM	United Nations Technical Working Group on MSM and HIV/AIDS in China
VCT	Voluntary counselling and testing
WHO	World Heath Organization

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Introduction

In addressing the issues of HIV prevention and treatment in China, a great deal of information has been generated. All of those involved - individuals, organisations, communities and all levels of government – have demonstrated commitment to creating appropriate responses, which are both urgently needed based upon what we know about the HIV epidemic in China today[1].

VCT services strengthen a comprehensive prevention strategy by increasing the number of engaged MSM to both learn their HIV status and as an entry point for care and treatment. This was first recognized by the government of China in 2002 and reaffirmed by all stakeholders in national meetings under convened by the UN Technical Working Group on MSM and HIV/AIDS (UN-TWG/MSM).

This paper is intended to explain what we know about MSM and VCT in China and describe the serious risk that HIV presents to this group. It also aims to illustrate the invaluable role community based organizations can play in effectively increasing access to VCT services for men who have sex with men (MSM) and self identified gay men.

Finally, drawing on the experiences of ongoing collaborative efforts, this paper confirms that creating and strengthening partnerships between local and provincial health officials and civil society, and working closely with volunteers recruited and trained directly from the affected communities themselves, is the best and most effective approach to scaling up VCT for MSM.

Answers to basic questions can be found in this paper, such as:

- What is voluntary counselling and testing (VCT)?
- Why are VCT programs important in both the treatment and prevention of HIV?
- What is the experience of VCT in China?
- Why should men who have sex with men (MSM) be specially targeted for VCT?
- What are the challenges to VCT, particularly for MSM?
- What is the best model for VCT for MSM in China?

1 Ma, X., Q. Zhang, et al. (2007). Trends in prevalence of HIV, syphilis, hepatitis C, hepatitis B, and sexual risk behavior among men who have sex with men. Results of 3 consecutive respondent-driven sampling surveys in Beijing, 2004 through 2006. J Acquir Immune Defic Syndr 45(5): 581-7.

> "In the near future, millions of people must be offered HIV testing and counselling under conditions that will benefit their health, enhance their lives, and lead to greater access to the care, support and treatment that they need."
>
> from The Right to Know: New Approaches to HIV Testing and Counselling
> World Health Organization 2003. Pg 4

What is VCT?

HIV voluntary counselling and testing (VCT) is an integrated process in which individuals make an informed decision about undergoing an HIV test after receiving adequate counselling. The counselling is intended to help them better cope with their HIV status whether it be HIV negative or HIV positive. Since 1985 when the test became available, it was hoped that testing of individuals would always follow the principles of what the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) refer to as 'the 3 C's' [2], that is, carried out with informed and voluntary consent, accompanied by counselling, and with all aspects of the individual session and results being kept strictly confidential.

VCT is initiated by the individual seeking testing (the client), as opposed to HIV testing that is initiated by a healthcare provider. Provider-initiated testing and counselling (PITC) is recommended by health care providers to persons attending health care facilities as a standard part of medical care, usually being offered to those with symptoms or signs of illness that may indicate the presence of HIV disease. VCT emphasizes individual risk assessment and work with counsellors trained to address issues such as sexuality and allows for the development of individual risk reduction strategies. The location of VCT, sometimes referred to as client-initiated HIV testing and counselling, and is not limited to health facilities but can be offered in a large variety of settings and situations[3].

2 UNAIDS/WHO Policy Statement on HIV Testing, June 2004; from http://www.who.int/hiv/pub/vct/statement/en/ accessed January 2008.

3 Guidance on provider-initiated HIV testing and counselling in health facilities. World Health Organisation, 2007. Page 20.

HIV counselling is a private conversation between a counsellor and a client, enabling the individual to confront the possibility of HIV in their life, as well as cope with social pressures and personal emotions in order to make educated decisions about HIV and AIDS concerns. HIV counselling consists of pre-test counselling (sometimes provided in a group situation) and individualized post-test counselling at the time the positive or negative result is given. It is standard that post-test counselling be done only between the counsellor and the client but sometimes is offered to couples or families. The counselling is non-judgemental, supportive and provides relevant referral services, such as treatment and care, and support groups. Clients testing HIV negative are counselled in ways to remain negative; those testing HIV positive are counselled in ways to help them protect themselves from HIV re-infection and STI and how best to protect others from HIV transmission, in addition to receiving referrals for follow up care, support, and treatment.

The promotion of VCT services is helpful to reduce the circle of fear, discrimination, and hidden infections, thus benefiting individuals, couples, families, communities, and society in general. Successful experiences from many countries suggest that VCT has played an important role in reducing high risk behaviours, especially unsafe sex. For example, studies in Kenya, Rwanda, Thailand, Uganda, and Zambia[4] demonstrate significant increases in condom use among men and reduction of sexual partners among women after accessing VCT services. Also, findings in Kenya, Tanzania, and Trinidad found that "… high quality, anonymous, client-centred, HIV counselling and testing helped reduce HIV risk behaviour, and is affordable and cost-effective in developing country settings."[5]

UNAIDS, WHO and other international agencies have long engaged in the global promotion of VCT programs. Numerous VCT-related policy documents, implementation plans, monitoring and evaluation guidelines, training materials and evidence-based studies are readily available including ways countries may identify and overcome their own unique challenges during the start-up and scale-up of VCT. These programs initially focused on HIV diagnosis for symptomatic persons to increase access to antiretroviral therapy or treatment (ART); however, it has become both feasible and urgent to promote utilization of VCT services among high risk populations, vulnerable populations, and the general population to support comprehensive prevention efforts.

4 Cullinan K, Testing Times, http://www.health-e.org.za/news/easy_print.php?uid=20020620 accessed January 2008.

5 News Release, July 2000, USAID Fact Sheet; http://www.usaid.gov/press/releases/2000/fs000712_2.html accessed January 2008.

Overview of the Benefits of VCT [6]		
Voluntary Counselling and Testing (VCT)	**Is an entry point to**	• HIV prevention • treatment and care • psychosocial support services • when needed, mother to child transmission of HIV prevention services (PMTCT) • individual health seeking
	Enables	• acceptance of HIV status with coping strategies • identifying and improving risk behaviours • individuals who test HIV positive to access adequate care and treatment services, positive social and support networks • individuals who test negative to remain negative
	Provides for	• development or improvement of referral service systems • health systems strengthening • information dissemination to community and targeted groups • prevention of new HIV cases and helps control its spread
	Planning for future orphan and will preparation	• normalisation of HIV and reduction of stigma • early management of opportunistic infections and eligibility for ART • early diagnosis and treatment of STI • preventive therapy and contraceptive advice • pl€anning for future orphan care and will preparation

6 See UNAIDS Technical Update: Voluntary Counseling and Testing (VCT) and VCT Toolkit - Voluntary Counseling and Testing for HIV: a Strategic Framework (FHI)

VCT in China

Since the first HIV case was reported in China in 1985, strategies for HIV testing have changed from the initial mandatory blood testing for special groups to a combination of counselling and testing and the introduction of voluntary counselling and testing principles and methods. These changes have developed over time and now include PICT, and reflect a public health approach that is still in early stages of development (see also Annex - National VCT Policies and Regulations in China).

The introduction of VCT strategies demonstrates the strong commitment of the Government of China to both HIV prevention and control and to wide social care for PLHIV[7]. This commitment helps garner social support, and contributes to reducing the stigma and discrimination inherent in living with HIV and AIDS, to the mainstreaming of treatment, care and support services, and to achieving a strong and sustainable response to the epidemic. VCT in China started late in comparison to other countries; however significant results have been achieved.

As of December 2007, over 4,000 VCT locations had been established nationwide, including 803 VCT clinics in hospitals. Most of the others are located within local CDC offices operating during standard business hours. Over 2 million people were counselled during the 16 month period from January 2006 – September 2007. Of these, nearly 88% were also tested for HIV and 72% received post-test counselling. Over 37,000 were screened as HIV positive (an overall rate of 1.79%)[8].

The implementation of VCT in China has played a key role in the response to HIV in China, including helping to identify HIV-positive persons, which enables them to make health-seeking choices to prevent further transmission of HIV, and to identify HIV-positive child-bearing women in order to provide PMTCT services. In some cases, VCT services in China have been shown to contribute to reducing social discrimination and negative attitudes towards PLHIV while promoting greater understanding for the individual rights of all affected. (See also References and Resources in the Annex.)

7 Wu, Z., S. G. Sullivan, et al. (2007). "Evolution of China's response to HIV/AIDS." Lancet 369(9562): 679-90.

8 A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2007); State Council AIDS Working Committee Office jointly with the UN Theme Group on AIDS; December 2007.

Access to appropriate HIV voluntary testing and counselling

Governments, and CBOs need to provide and donors must support pre- and post-testing counselling services for HIV and other STI that are confidential, non-judgemental and empathic to the needs of men who have sex with men and transgender people. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. Post-test support services must include counselling on the meaning of an HIV diagnosis and referrals to men who have sex with men or transgender-competent prevention, treatment, care and support programmes and services.

from Final Technical Report
Risks and Responsibilities International Consultation, November 2006

Men who have sex with men (MSM)

MSM generally refers to any male who has sexual contact with other males and includes male homosexuals ('gay men'), bisexual men and transgendered, male-to-female persons and other male sexual minorities. In the current China context, the use of the term 'MSM' has been widely used by community groups as identifying their target populations and communicating with health officials. As elsewhere in Asia, many MSM are compelled to marry due to family and social pressures, which may be regarded as unfair to both the spouse and the MSM himself, who often suffers as a result of this double life. MSM are from all walks of life and income levels and are found in all areas of the world, with high concentrations in urban centres.

MSM have been excluded from the mainstream of Chinese society, constrained by prejudice, stigma and rigid moral traditions. However, with continuing modernisation along with the advent of the internet, MSM are gradually coming out into the open. A recent survey by the Ministry of Health (MOH) stated that sexually active gay men in China account for approximately 5 million to 10 million (2 to 4%) of the total number of sexually active men[9].

9 Ibid.

MSM are one of the highest risk groups for sexually transmitted infections including HIV infection. Young and sexually active MSM, and others, tend to have high numbers of sexual partners and practice high risk behaviours, such as anal intercourse without a condom or appropriate lubricant. In urban areas, there exist a growing number of venues that are used by MSM to meet one another, such as bars, cafés, clubs and saunas. In rural or less developed areas, MSM generally do so in parks and public toilets or, as found in all areas, on the internet.

In 2004, Beijing city health official reported less than 1% of MSM were found to be HIV positive; however, only two years later the prevalence rate had climbed to over 5%. This rise closely follows the trends among MSM in other Asian urban centres that also displayed rapidly increased rates during the same approximate time frame, such as Bangkok, Thailand (from 17% to over 28%) and Karachi, Pakistan (from 4% to almost 8%)[10]. In fact, if prevention work were to remain at the levels they were conducted at in 2007, it is predicted that sex among men will account for the largest share of the people living with HIV in Asia in just a few years, and the number would nearly double every two years afterwards, until the year 2020.8

In China, homosexual behaviour now exists in a legal limbo, being neither legal nor illegal, and is often referred to in street slang as the "Triple No Policy - no approval, no disapproval, and no promotion". The unclear legal situation is seen as condoning those who wish to suppress "bad behaviour", such as local policemen, and provides the illusion of official approval to those wishing to discriminate against MSM, such as doctors who refuse to treat known homosexuals.

10 Redefining AIDS in Asia Crafting and Effective Response (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008).

Providing VCT for MSM – interactive models

While China remains a low HIV prevalence country overall there are high – and increasing – rates of HIV infection among some sub-populations and in some locations. HIV counselling and testing is offered with treatment to all individuals with signs, symptoms or conditions that indicate the presence of key infections such as STI and in some cased tuberculosis (TB). However, in all areas it is recommended that creative approaches to sensitive VCT services be made available to sub-populations which are at increased behavioural risk for acquiring or transmitting HIV infections, such as men who have sex with men, injecting drug users and sex workers and their clients[11]. Further, experience both in and out of China has shown that involvement of members of special target groups and NGOs serving them at all stages of program design and implementation significantly increases the utilisation of the services[12].

The discussions among CDC staff and community workers in 2006 cautioned that most MSM do not trust CDC test sites and prefer to go to hospitals instead, where their lives as MSM can remain hidden. There have been a few VCT pilot projects targeted to MSM in China, in Beijing, Chengdu, Nanning, Shanghai, Shenzhen and other cities, but almost all in urban areas. The Nanning and Shenzhen projects merit particular attention as they were designed, monitored and evaluated with international standards and technical and financial support from Family Health International in Nanning and WHO in Shenzhen. As well, both models incorporate the principles of an interactive model of VCT, as illustrated below.

11 World Health Organisation. Guidance on provider-initiated HIV testing and counselling in health facilities. © World Health Organization 2007.

12 Chen, H. T., S. Liang, et al. (2007). HIV voluntary counseling and testing among injection drug users in south China: a study of a non-government organization based program. AIDS Behav 11(5): 778-88.

Features of interactive models of VCT for MSM	
Multiple entry points	• STI and NGO male sexual health clinics at: - Local CDC - In the community (private business) - Community-based/mobile locations (public meeting places)
A collaborative effort among diverse organisations and individuals	• Provincial and local health officials providing strong leadership • Different local government offices and medical facilities • Medical personnel working side by side with MSM peer support groups and volunteers • Individual members of the MSM target group willing to participate in ongoing activities, such as: - Trainings - Program design and monitoring - Working hotlines - Outreach at different locations, like commercial venues and meeting places - Testing and counselling and follow up referrals
Technical and financial support from a wide range of interested parties	• NGO/CBO experience in VCT • INGO • International donors and development agencies • UN agencies • National government
Participatory Monitoring and evaluation	• Outside technical experts along with members of the MSM community

The Nanning and Shenzhen experiences

VCT services targeting MSM were launched in Nanning in June 2006 and were integrated into a full package of free STI services provided by the Nanning CDC. The goal was to establish sexual health clinical services in a NGO-based male sexual health clinic targeted to MSM, and to do so in a way that minimizes concerns regarding confidentiality, discrimination and stigmatization. With support from FHI, in partnership with the CDC, a stand-alone clinic was opened near major MSM meeting venues with a staff of trained peer educators. Uniquely, the clinic offers general health screening so clients are not seen to be seeking only STI or HIV services. The project realised a higher success rate than has been realised in similar HIV prevention projects that have simply offered referral to unaffiliated, general-population testing services.

The VCT project for MSM in Shenzhen was started in 2004 with the opening of a clinic in the Huanan District, which soon attracted the attention of people outside of the district as well. The project is a collaboration of the Shenzhen Municipal Centre for Chronic Disease Control and Prevention, China CDC STD and HIV/AIDS Control and Prevention Centre, Shenzhen Municipal Public Health Bureau, Shenzhen Municipal Science and Technology Bureau and receives technical and financial support from the WHO.

In both projects, the inclusion of the MSM community itself is a key part of the programme design and plays a central role in its success, which also involves local non-government and community-based MSM organisations and groups along with gay-oriented businesses and entertainment venues used by MSM.

How they work

Under the umbrella of a general health service and promoted in the community as a male health check-up, the Nanning MSM VCT service case offers a full package of STI/VCT screening and treatment clinic services with onsite pre- and post-test counselling and blood collection conducted by CDC staff trained in MSM-specific issues and counselling. Referral for HIV-positive MSM to care and treatment services is provided by Médecins Sans Frontières, an INGO that has pioneered HIV care and treatment for MSM in developing countries such as Myanmar and Thailand[13].

At the time of writing this report, Shenzhen is the only city in China with an extensive health infrastructure dedicated to the needs of MSM, providing standardised services for STIs, including HIV and AIDS counselling, testing and treatment. VCT services for MSM project was aimed at increasing uptake of these services (a key goal of all interactive models). All services are free and confidential, performed without the need for the patient to provide his first name or surname - only age, gender and medical history. Throughout the programme, counselling is provided to help the patient adopt better health-seeking behaviours, such as safer sex practices, in his daily life. If an MSM has concerns about his health, or thinks he may be infected with an STI, a call to the hotline will provide telephone counselling and the ability to book an appointment with a specially-trained doctor. STI services, including HIV testing, can then be accessed. If it is discovered that the patient is infected with an STI, he qualifies for immediate and effective treatment and care in the programme.

13 T. Pachun Prevention, care and treatment of MSM in Thailand. AIDS 2006 - XVI International AIDS Conference: Abstract no. WEPE0723.

Key project elements

1. **Non-stigmatizing - health beyond HIV:** Surveys conducted with MSM during project start ups revealed that a major concern of the community was fear of further stigmatisation by such a close association with HIV. In Nanning, this led to the decision to have STI, including HIV, counselling and testing offered as a routine part of general health screenings. They were included with general-health procedures such as weight and height measurements, blood typing, and blood pressure screening that typical consultations and physical examinations. This 'full examination' approach emphasizes overall male sexual health and makes the service more acceptable to members of the MSM and gay community.

   The Shenzhen Gay Hotline was launched in 2004 with the help and support of leadership at all levels. To facilitate outreach, wallet-sized cards, known as the Blue Gay Contact Card, were created and distributed in the MSM community. Similar hotlines have been successfully launched in other areas like Chengdu, Jinan, and Shenyang. The UN Technical Working Group on MSM and HIV/AIDS recommended hotlines by and for the MSM community as a 'best practice' for reaching hidden and hard to reach MSM.

2. **Building trust and Stronger Partnerships:** A lack of sensitivity to MSM concerns on the part of most VCT counselling and testing staff is the main reason many MSM are unwilling to access usual VCT services. The Shenzhen Municipal Centre for Chronic Disease Control and Prevention presented in-hospital trainings for doctors using MSM specialists, and established the Shenzhen Rainbow Workgroup, a specialised project group with medical personnel. The Workgroup also draws on domestic and international best practices to apply to the situation in Shenzhen.

   The Nanning clinic was successful in its major goal of building trust and understanding between CDC staff and the community because of the willingness of CDC staff (including doctors) to make regular visits to bars, cruising venues, and community events. In addition, all CDC staff members at the MSM clinic participated in and completed a week-long training with MSM community volunteers that focused on MSM-specific health concerns and communication strategies. This provider-community contact is a key feature of interactive models of VCT.

3. **Accessibility beyond the clinic doors:** Most MSM, particularly youth, interact through a variety of communication channels which cannot be accessed with traditional outreach or clinic-based services. The Nanning CDC doctors make themselves available through mobile phones, text messaging, e-mail, regularly scheduled ICQ chat sessions (internet chat rooms,) and message boards. The Shenzhen Rainbow Workgroup cooperates with the local CDC and gay/MSM commercial venues to periodically carry out free HIV and syphilis testing onsite. With the help of volunteers, project staff, and the Workgroup, a mapping of venues and sites in Shenzhen where MSM gather to socialise, meet, and/or have sexual encounters was completed. Mapping is critical to assuring effective coverage of MSM for outreach; the use of volunteers to assist is important and cost effective, too, as many sites are known only to the men who frequent them. It is at the least known sites where the most hidden MSM can be found.

4. **Limitations – cost and human resources:** The principle concern of the Nanning clinic was reported to be its cost and its potential for limiting sustainability. This is a common concern for highly targeted, specialised services. Whilst HIV preliminary testing is provided free-of-charge by all CDC facilities under China's 'Four Frees and One Care' policy, many of the MSM accessing the Nanning clinic do so because it is bundled with other health services. In addition, there are significant costs associated with staffing a full-time health clinic at community drop-in centres. However, these associated costs are considered to be acceptable given the potential for high risk behaviours among MSM to act as a bridge for general HIV transmission as well as the lack of other accessible services being used by the community.

   As mentioned previously, there are aspects of interactive models that can save costs, such as using volunteers at all levels of program design, mapping, implementation, and evaluation. Using their own identity and experiences as gay men/MSM and their knowledge of local MSM gathering places (like saunas, bars, fitness centres, private houses, massage parlours, parks, and public toilets), volunteer peer educators become involved in distributing large quantities of educational materials, condoms appropriate for MSM, and accurate information about healthy living in the community and with their friends and associates. The work of volunteers is largely responsible for a continuing stream of MSM accessing VCT and STI testing at the Shenzhen hospital and for recruiting new members to the volunteer team.

5. **Feedback directly from and involvement of the target community:** In-depth interviews are taken during project work to increase understanding of target populations, assure relevancy of services offered and help inform more effective directions for future programmes. For example, voluntary interviews were conducted with MSM at three gay saunas in Shenzhen during onsite VCT and STI testing. As a result, higher priority was placed on reaching male sex workers, most of whom are also active bisexuals and a cohort study on MSM and "money boys", as the sex workers are known in the community, is now planned. In places in Asia, including China, where MSM community groups have become involved in HIV interventions, they have been reported to be "energetic and competent partners (and leaders)", reducing costs and helping to assure higher service coverage[14].

6. **Monitoring and evaluation:** In late 2004, officials from the WHO and the MOH conducted onsite monitoring of the progress of the Shenzhen STI Entry Point MSM-VCT Project. The evaluation team went onsite to observe services in the field and obtain information directly from clients. The evaluation concluded with high praise for the Project. Monitoring and evaluation is a necessity for all public health and prevention work; in VCT integrated models for MSM, the inclusion of outside evaluators working with volunteers and MSM community members assures the reliability of monitoring data for officials and funders alike.

The goal for interactive models is to develop VCT along with and among the MSM population and establish relationships of trust. The information gained in the work of these models help prevention specialists and planners to arrive at a better understanding of the trends in knowledge, attitudes, beliefs and practices related to HIV, AIDS, and STI along with clarity on the state of infection among MSM.

As in Nanning, the Shenzhen project is committed to continue to seek government support along with technical and financial assistance from the UN system, as well as international non-government organisations. With these elements taken together in a inclusive, cooperative environment – the involvement of MSM/gay civil society, private enterprise, and individuals, along with the development of targeted, sustainable, health education and behavioural interventions presented in new and innovative locations – supportive and cost effective care and treatment and the slowing and halting of the spread of STI and HIV infections among this population will be enabled.

14 Redefining AIDS in Asia Crafting and Effective Response (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008). Pp 50.

What MSM say – research from Shanghai

An assessment study was undertaken in Shanghai with 200 MSM, age 18 and over. The main purposes were to assess the acceptability VCT among MSM, identify potential obstacles and major challenges, and make recommendations on the feasibility to implement VCT among MSM in Shanghai. In-depth interviews and focus group discussions (FGD) were used to understand the knowledge of HIV, AIDS and VCT, and to identify MSM needs for sexual health care and related services.

Some 69% of survey respondents had heard the term voluntary counselling and testing; 53% knew that there was free VCT in Shanghai although less than one-third actually knew where VCT could be accessed. Those who knew about local VCT had learned it mostly from outreach workers from the Shanghai Tongxin Hotline, which also took part in the recruitment of test subjects. Significantly, more than 80% of the subjects wished that there would be a free NGO VCT centre for MSM in Shanghai.

Unwillingness to go to existing VCT centres was expressed by 31% of the group because it is provided by the government, which caused fear of their identities being exposed publicly or to their families and friends. If they were to test HIV positive, there was fear of becoming isolated, too, with 43% saying they would tell only their best friends, 41% would not want to tell anyone and only 11% would tell their families[15].

15 See also: Hesketh, T., L. Duo, et al. (2005). Attitudes to HIV and HIV testing in high prevalence areas of China: informing the introduction of voluntary counseling and testing programmes. Sex Transm Infect 81(2): 108-12.

Several of China's gay organizations have gained valuable experience while cooperating and participating in internationally funded outreach and prevention programs. Clearly, it would be beneficial for health officials to actively support gay organizations' efforts to develop measures to distribute education and prevention materials, coordinate outreach programs and encourage voluntary testing. Such cooperation would significantly benefit China's national AIDS response, as well as strengthen the gay community's ability to sustain effective, long-term prevention and education programs.

from Yes, gay men are at risk in China by Edmund Settle;
International Herald Tribune, 21 January 2005;
http://www.iht.com/bin/print_ipub.php?file=/articles/2005/01/20/opinion/edsettle.html

Challenges and barriers

The findings and recommendations from the Shanghai assessment study repeat what is generally known about the knowledge, needs, and concerns of MSM related to HIV and VCT in China. Challenges were also identified, and solutions offered, from field experiences in Nanning and Shenzhen. Many of these same challenges and ways to overcome them were echoed in answers to a questionnaire survey taken by NCAIDS in 2005 in 12 urban areas where VCT was implemented.

The following table summarises the challenges and barriers that were identified in these various meetings and presents the solutions most often discussed. The table also suggests which group or agency might best take the leadership for each solution, including the CDC, UN agencies, INGO, NGO/CBO, academia/researchers, donors, and/or community businesses.

Challenge/ barriers	Solutions	Suggested leadership
Lack of understanding of VCT	• Include detailed information on benefits of VCT (see previous table, Overview of Benefits of VCT)	CDC
High level of stigma within general community	• Create media propaganda campaigns about the facts of MSM/homosexuals	CDC, INGO, CBO/NGO
Lack of understanding of high risk behaviour by MSM themselves	• Develop culturally-appropriate and targeted IEC with community input • Peer education through volunteer recruitment and trainings • Creative methods of adult education like cabaret shows and street theatre • Increase behavioural surveillance and research to include STI trends and barriers to VCT uptake among MSM	CBO/NGO, academia, with consultants and community venues
Inadequate and ineffective dissemination of targeted VCT information and materials	• Create clear, simple talking points ("x out of every 100 MSM are HIV positive") • Develop culturally-appropriate and targeted IEC with community input • Use peer educators and outreach workers • Make use of hotlines • Make use of internet websites	CBO/NGO, media, with consultants
Low utilisation of VCT, and low accessibility of VCT	• Offer free HIV counselling and screening for first test and/or results counselling session • Use convenient, private locations • Have testing in non-work hours (evening and weekends) • Integrate VCT with other services accessed by MSM (e.g. STI clinics) • Consider, after further study, rapid testing	CDC, hospitals, CBO/NGO and community venues

Challenge/ barriers	Solutions	Suggested leadership
Confidentiality	• Strengthen and enforce guidelines on confidentiality at all levels of service (including volunteers and support staff) • Cover all personal information in confidentiality guidelines • Have counsellors "contract" with clients about confidentiality • Provide services anonymously	CDC, INGO with CBO/NGO
Poor quality of counselling	• Standardise guidelines and minimum skill requirements for all counsellors, including volunteers • Require certification on successful completion and on-going training • Improve trainings for VCT staff using MSM community-endorsed materials • Psychosocial support for counsellors • Actively monitor and evaluate counsellors during sessions • Provide supervision guidelines	CDC, INGO with CBO/NGO
Deficiencies in post-counselling procedures	• Alter procedures to require one-on-one post-test counselling, regardless of test result	CDC, INGO with CBO/NGO
Fear of isolation (upon HIV positive test result)	• Develop specialised highly-trained services for MSM (and/or train key staff)	CDC, INGO with CBO/NGO
Clients lost to service before confirmatory HIV-positive results are given	• Reduce the wait (or need) for HIV-positive confirmatory testing such as the use of HIV RT reagents with high sensitivity and specificity	CDC

Challenge/ barriers	Solutions	Suggested leadership
Lack of appropriate and sensitive referrals for follow up prevention, care and support, and treatment	• Develop specialised services, highly-trained service providers for MSM for all levels of need (and/or train key staff) • Develop or strengthen referral system for each level of need	CDC, hospitals, CBO/NGO
Discrimination and stigma from medical sector	• Include non-judgemental trainings for all staff involving MSM and volunteers and community-endorsed materials	CDC, hospitals, CBO/NGO
Lack of enough resources for sufficient commodities	• Allocate adequate funding and cash flow guarantees • Assure efficient purchasing and inventory control systems • Secure international support for service including commodities • Seek in-kind donations of commodities (like condoms and lubricants) • Test effectiveness of social marketing of commodities targeted to MSM	CDC, UN, INGO , CBO/NGO, Donors
Limited capacity of current MSM CBO/NGO and community groups	• Support community development by CBO/NGO through financial and technical support for program development including monitoring and evaluation • Support formation of provincial and national working groups of MSM providers, programs and CBO/NGO • Assist CBO/INGO to seek non-government support from INGO and donors	CDC, UN, INGO , CBO/NGO, Donors

Conclusions and recommendations
Scaling up VCT for MSM

After several years of effort, more understanding has been gained about VCT in China in general and VCT for MSM in particular, but further work needs to be done in order to accelerate overall HIV prevention and control.

For effectiveness of service delivery, sustainability, desirability, and proven acceptance by MSM communities, it is recommended that an interactive model of VCT be adopted and instituted throughout China. The VCT interactive model offers many advantages over standard VCT or PICT approaches:

- It enlists not only public medical services and health professionals but also organises and motivates volunteers and private businesses from the MSM community
- It enables the provision of VCT and prevention interventions during off-hour times and at community locations in addition to offering VCT and follow up care and treatment at regular times and places
- It sensitises current local health care systems to MSM lifestyles and health issues - a strong advantage given the known mobility of local MSM populations and the reluctance of MSM to access currently available and standard health services.

Costing and sustainability needs further analysis; however, these issues should not be used to prevent the scale up of VCT for MSM. A cost analysis must also take into account what happens when an HIV infected person does not discover their positive status before HIV disease has advanced to AIDS, perhaps over and above the potential for unknowingly transmitting HIV to others. Early detection of HIV, in time to consider treatment options including antiretroviral treatment (ARV) and prophylaxis of opportunistic infections, saves lives, health care dollars, and lost income by delaying or avoiding hospitalisations related to disease progression[16].

The interactive VCT model is more sustainable and may actually reduce operational costs by motivating many parts of the MSM community. Studies have shown that culturally-appropriate and sensitive counselling is more effective in the transference of knowledge, too. [17] Paid staffing costs are reduced by using properly trained and supervised volunteers in testing procedures, particularly for pre-test counselling and education sessions, and post-test referrals and follow-up.

16 Ratanasuwan, W., T. Anekthananon, et al. (2005). "Estimated economic losses of hospitalized AIDS patients at Siriraj Hospital from January 2003 to December 2003: time for aggressive voluntary counseling and HIV testing." J Med Assoc Thai 88(3): 335-9.

17 Keane, V., G. Hammond, et al. (2005). "Quantitative evaluation of counseling associated with HIV testing." Southeast Asian J Trop Med Public Health 36(1): 228-32.

The use of volunteers strengthens the effectiveness of VCT in addition to reducing staffing costs. Volunteers from the community are, after all:

- Personally familiar with the behaviours, culture, intention and dynamics of the interpersonal relationships of MSM;
- Able to reach out, advocate for and reinforce increased health-seeking behaviours to those MSM most at risk and in need of VCT;
- Familiar with the locations where the most at risk MSM gather to seek sexual and social liaisons;
- Better able to understand and explain just how adjustments to intervention methods are needed in order to meet the local needs of target populations;
- More efficient in attracting new volunteers to the programme and do so while in the community, assuring greater programme sustainability;
- Involved in all areas of service delivery including and in addition to the above:
  - Program design, monitoring and evaluation
  - IEC material development and distribution
  - Peer education, both on and off the 'job'
  - Medical staff training
  - Sensitisation workshops for government workers and officials.

A new reimbursement paradigm may be called for which is focused on supporting a full system of related prevention activities through testing, care and support, treatment, and follow up actions – a system that is responsive to the real needs and concerns of those to be served and away from simply paying on a 'per person tested' basis. As well, the civil society elements that are critical to such a system currently lack the resources needed for full participation, even where they already exist. This means that direct technical and financial assistance to MSM community groups is required. Funding and technical support must be in place or committed to guarantee the smooth and continuous operation of VCT services. Therefore, establishing a VCT for MSM interactive model needs:

- Continuous funding
- Well-planned access to resources
- Well-maintained inventory of testing commodities
- Support from diverse sources including:
  - Existing NGO and CBO
  - INGO
  - International aid agencies and donors
  - Together with the government - local, provincial and national.

Medical units play the essential roles of performing the actual HIV and STI testing and providing for post-test medical needs. Working so closely with community members as partners is often a new experience for medical personnel; however, with proper management and leadership from local health authorities, the experience greatly enhances daily work and programme objectives, as seen in the Nanning and Shenzhen projects, as well as other projects inside and outside of China.

An enabling environment for VCT for MSM is essential key to success by reducing the stigma of being both MSM and at high risk or infected with HIV. The interactive model of VCT involves the strategic engagement of all stakeholders. Close working relationships are developed with and between:

- MSM community groups, networks and leaders
- Commercial business managers/owners and employees in the private sector
- Local health officials and medical personnel
- And the general population, through advocacy and education utilising mass media outlets in the community.

There are obstacles to the effective scale up of VCT for MSM, some of which need more discussion. The summary of challenges, barriers, and solutions in the previous section was compiled from several different sources and also offers recommendations on which group or agency might be best to take leadership for each. Rapid testing, for instance, may increase the acceptability of VCT for MSM (and others, too); however, as discussed at great length during the special UN-TWG/MSM meeting on VCT (please see Annex 3), there are problems related to having HIV results provided rapidly, typically within 20 minutes of pre-test counselling. It is recommended that MSM communities be engaged in dialogue to explore these problems and develop solutions, locally and nationally, before roll out of rapid testing. Concerns, which can be best resolved together with the affected community, include:

- How best to guarantee confidentiality, particularly for those who may come for testing in couples or in groups
- Possible lack of client preparedness for a positive result
- Confirmatory testing requirements for HIV positive results
- Difficulty in assuring follow up care and treatment is accessed by those testing positive.

Finally, many in China, including the government, are committed to the reduction of HIV infection among MSM. To be effective there needs to be strategies that feature partnerships between civil society - especially from the affected MSM populations - and all levels of government, which has been demonstrated to be effective and successful in the work done in Nanning and Shenzhen. These strategies include the following:

- Community-driven publicity mechanisms (hotlines, websites, targeted advertising)
- Volunteer involvement in service delivery such as outreach and HIV testing
- Increased research
- Improved data collection
- Monitoring and evaluation harmonised with other funding mechanisms
- And in some circumstances, advocacy and policy change.

The need for VCT targeted to MSM in China today is urgent. The scale up of accessible and quality VCT services for MSM is intended to prevent the spread of HIV among themselves and their partners, which at times are also wives or girlfriends. Done carefully and thoughtfully, this increase in HIV testing and counselling targeted to MSM, following proven interactive models, can also rapidly increase coverage and effectiveness of prevention education. It will also bring better utilisation of care and treatment opportunities for those infected with STI including HIV, thus helping to assure the reduction of HIV transmission among MSM in China.

For any HIV and AIDS prevention, treatment, care and support intervention to be effective within networks and communities of men who have sex with men and transgender people, these marginalised sexualities must be actively and substantively involved in planning, designing and implementation of such interventions. This includes participation in problem identification, needs assessments, programme design, monitoring and evaluation.

from Principles of Good Practice
Risks and Responsibilities Consultation, September 2006

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Annex 2 - National VCT Policies and Regulations in China

Although HIV testing was available in China by the late 1980s, the concept of HIV counselling was only incorporated into HIV diagnostic services in 1998, when the State Council issued the China Medium and Long Term Plan for HIV/AIDS Prevention and Control (1998-2010) ([1998] No. 38). The Plan explicitly states that: (1) In 2001, the State Council issues the China Medium and Long Term Plan for HIV/AIDS Prevention and Control (1998-2010) ([1998] No. 38) and the China Action Plan to Prevent and Control HIV/AIDS (2001-2005) ([2001] No. 40), which explicitly states that:

1. By end 2002:
   a. 70% of medical institutions above the county level (including general, infectious disease and traditional Chinese medicine (TCM) hospitals) should be able to provide standard diagnosis, treatment, counselling, and preventive health services for people infected with HIV;
   b. Some 85% of medical institutions above the county level should be able to provide standard STD diagnosis, treatment, counselling, and preventive health services;
   c. Half of township hospitals should be able to provide HIV/AIDS and STD counselling and preventive health services.
2. By end 2005:
   a. 90% of medical institutions above the county (municipal) level, including general, infectious disease and TCM hospitals;
   b. 50% of township hospitals in districts with a more advanced HIV epidemic should be able to provide standard diagnosis, treatment, counselling, and preventive health services for people with HIV/AIDS;
   c. 75% of township hospitals;
   d. 50% of medical institutions that provide premarital medical examinations should be able to provide HIV/AIDS and STD counselling and preventive health services.

The China Action Plan to Prevent and Control HIV/AIDS (2001-2005) ([2001] No. 40) issued by the State Council in 2001 reiterates the above objectives.

Furthermore, the Opinions on Management of People Living with HIV/AIDS, issued in 1999, the Ministry of Health (MOH), clearly stated for the first time that, "Psychological counselling and technical guidance for prevention of secondary transmission should be provided in principle when testing clients and their spouses or relatives are informed of confirmed positive results."

In February 2003, the MOH, Ministry of Public Security (MOPS) and State Food and Drug Administration (SFDA) jointly issued the Interim Protocol for Community-Based Heroin Addict Drug Maintenance Treatment Sites, including the provision of VCT and relevant medical services for IDU in communities. Since then, VCT strategies were formally introduced, but were only limited to AIDS patients and their spouses and special populations (e.g. IDU).

Annex 2 - National VCT Policies and Regulations in China

The Notice of the State Council on Strengthening HIV/AIDS Prevention and Control ([2004] No. 7, 16 March 2004) put forth the "Four Frees and One Care" policy, incorporating VCT into national HIV/AIDS prevention and control and expanding the applicable scope of VCT to all people. It urges the MOH to cooperate with the MOF in developing and organising the implementation of specific measures for free voluntary HIV testing and counselling. The Notice explicitly states that the Government will provide:

1. Free voluntary counselling and testing services;
2. Free Prevention of Mother-to-Child Transmission of HIV (PMTCT).

In July 2004, Prime Minister Wen Jiabao signed the Concerted Social Effort: Fighting against HIV/AIDS, promising unprecedented strong support for VCT. The article emphasised the implementation of the "Four Frees and One Care" policy and required all counties to be able to provide HIV screening test and all hospitals above the county level to be able to provide free counselling by the end of 2005. Subsequently, the MOH and other sectors issued a series of documents, defining specific, standardised and feasible VCT strategies.

In April 2004, the MOH and Ministry of Finance (MOF) jointly issued the Administrative Measures for Free HIV Voluntary Counselling and Testing (For Trial Implementation), defining the scope of free VCT (i.e., HIV counselling and screening reagents, including enzyme linked immunosorbent assay and particle agglutination assay reagents), implementation and management of VCT, organisational structure and staffing, procurement and management of reagents as well as monitoring and evaluation. The implementation of these Measures has promoted the standardisation of free VCT.

To strengthen the guidance for nationwide VCT, the MOH issued the Implementation Protocol for HIV Voluntary Counselling and Testing in September 2004. The Protocol states that:

1. Medical institutions and CDC designated by health authorities at all levels should set up VCT sites with convenient traffic. VCT sites should also be set up in county general hospitals in HIV high-prevalence areas and a certain number of municipal and provincial hospitals;
2. HIV testing and counselling services should be based on the principles of easy access, confidentiality and individualization. Both pre- and post-test counselling should be provided;
3. Mass media should be fully mobilised to disseminate VCT, especially among high risk populations such as IDU and sex workers (SW). In combination with existing interventions, outreach activities can be conducted to distribute VCT cards and IEC materials, mobilising high risk populations to voluntarily seek VCT;
4. STI clinics, methadone clinics and needle marketing centres that are unable to provide HIV test but have a large number of potential counselling clients should provide clients with information on VCT and provide necessary training for their staff;

5. Group counselling should be provided at rural areas where remunerated plasma donors and DU concentrate, and HIV test should be provided on the voluntary basis with confidential result provision and post-test counselling.

In May 2003, China CDC issued the National Technical Guidelines for HIV Testing (For Trial Implementation) under the approval of the MOH. In August, the formal National Technical Guidelines for HIV Testing was promulgated, taking VCT as alternative strategies for HIV test (Alternative Strategy II for high risk populations and Alternative Strategy III for the general population).

To effectively prevent mother-to-child transmission, the MOH issued the Implementation Protocol for Prevention of Mother-To-Child Transmission (For Trial Implementation) in October 2004, aiming to provide VCT for pregnant women and premarital health care clients, with up to 90% coverage; and provide free HIV test for pregnant women, with the up to 85% coverage. It requires that medical care institutions involved in health care during pregnancy and assisted delivery service should:

1. Provide premarital health care clients and pregnant women with pre-test counselling, transfer information on PMTCT, assess their risk behaviours, and advise and mobilise them to receive an HIV test.

2. HIV antibody screening test with ELISA or RT reagents should be provided according to the requirements of the National Technical Guidelines for HIV Testing (2004 version).

In November 2004, the MOH issued the Technical Guidelines for HIV Testing among Former Plasma Donors (For Trial Implementation), emphasising the need for implementation of "Four Frees and One Care" policy among former plasma donors and their spouses families and for provision of VCT for remunerated plasma donors.

In 2005, the MOH issued the Guidelines for Interventions for High Risk Behaviours (For Trial Implementation), urging relevant institutions to provide standardised VCT and necessary referral services in line with the Implementation Protocol for HIV Voluntary Counselling and Testing (For Trial Implementation).

Annex 3 - UNTWG/MSM National Meeting on VCT access for MSM

The UN Technical Working Group on MSM and HIV/AIDS and
VCT Consultation Meeting on MSM and HIV/AIDS
24 – 25 August 2007
Chaoyang CDC, Beijing

Meeting Minutes

Agenda

During the June UN Technical Working Group meeting on MSM and HIV/AIDS, VCT access for MSM was identified as a major area of concern by groups from around the country. Therefore, the focus of this meeting was on VCT access for MSM. Representatives from five city CDC/MSM partners were invited to give joint presentations on the different roles and responsibilities in each area of voluntary, counselling, and testing (VCT components). They are Beijing (Chaoyang), Shenyang, Jinan, Chengdu and Shenzhen.

At the end of first day meeting, Ms. Xiao Yan from GF Round 5 also shared information on the NGO/MSM participation in the GF Round 5.

It is planned that a knowledge product on promoting the VCT access among MSM would be drafted by Chaoyang CDC and shared for comments at the next MSM and HIV/AIDS roundtable meeting.

Discussions, presentations, observations, and follow-ups

General observations:

- To make the most out of the meeting, a power point presentation template was prepared and shared with the invited city representatives. It is noted that only Shenyang and Chengdu MSM groups followed the template.
- It is felt by most participants that this has been the most productive meeting on a substantive subject.

Voluntary component:

- As a major area of work for most of MSM community groups, much has been done in outreach, peer education, hotline service, and community mobilization and in IEC material development. Major problems lie in how to be voluntary and how to keep the confidentiality.
- MSM group should lead with support from professional agencies (CDC).
- Meanwhile a challenge remains on how to get the full benefits of VCT realized and enjoyed by the MSM communities who thus feel obliged to get tested.

Annex 3 - UNTWG/MSM National Meeting on VCT access for MSM

Counselling component:

- This process includes both pre-test counselling and post-test counselling. It is a relatively weak part in VCT activities.
- Some difficulties were identified. How to gain trust of the MSM? Where to locate the counselling clinic. Few people are qualified counsellors. Should we combine the pre-test with the post-test counselling? Should we do the one-on-one counselling or group counselling?
- How to keep a low turnover rate of the counsellor team? Generally speaking, there is not enough attention on the component at CDC. MSM groups have not invested much in their staff.
- MSM community should lead in the counselling; CDC should provide support in this area. In cities where MSM are weak, CDC should take the lead for the time being.

Testing component:

- There is no dispute that CDC should lead in the testing component.
- The question of rapid testing was raised with its advantages and drawbacks discussed at the meeting.
- Attentions should be given to how to inform the rests? How to provide (post-test) counselling services?

Participants

The first day meeting was attended by over 60 people in the first day including representatives from international and national NGO, government, donor community, UN system, MSM community, provincial and city CDC, GF (round 4 and 5). Up to date, it is the most well attended meeting on MSM and HIV/AIDS. For the first time, the media people as well as a Hong Kong representative participated. During the second day, invited city partners stayed to further the discussion on the topic with the national and local CDC and UN agencies.

Annex 3 - UNTWG/MSM National Meeting on VCT access for MSM

Presenters: Shenyang Health Educational Center; Shandong Rainbow Group/Jinan CDC; Chengdu Gay Care Consultation Center/Sichuan CDC; Shenzhen Rainbow Group/ Shenzhen Chronic Skin Disease Institute; HIV Volunteers/Beijing Chaoyang CDC; NCAIDS; Global Fund 5

NGOs/CBOS and INGOs: AIDS Care China; Beijing Aizhixing Institute; China HIV/AIDS Information Network (CHAIN); China AIDS/STD Association; China Red Cross; Chengdu Gay Care Consultation Center; Dalian Rainbow Group; Heilongjiang Red Cross; HIV Volunteers; Jilin Red Cross; Liaoning Red Cross; Shandong Rainbow Group; Shenyang Health Educational Center; Shenyang Sunshine Group; Shenzhen Rainbow Group; Zhejiang Tongzhi Heart Group, Yunnan Colorful Sky Group; China AIDS Info; Chi Heng (HK); Clinton Foundation; Hong Kong AIDS Foundation; Family Health International (FHI), International HIV/AIDS Alliance; Netherlands Red Cross; PATH

Government: Beijing CDC; Beijing Chaoyang CDC; NCAIDS; Jinan CDC; Shandong CDC; Sichuan CDC; Shenzhen CDC; Shenzhen Chronic Skin Disease Institute

Donors: CIDA; Ford Foundation; French Embassy; Gates Foundation; Global Fund (4, 5); US Embassy

Media: Beijing Radio; Xin Jing Bao; Beijing Youth Daily; Jing Hua Shi Bao; Hua Xia Shi Bao; Health Daily

UN System: UNDP; WHO; UNAIDS

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