



Pre Exposure Prophylaxis (PrEP)
**Empowering young MSM
and adolescent MSM in Asia and Pacific**



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A discussion paper on young men who have sex with men, adolescent MSM and Pre Exposure Prophylaxis (PrEP) for PrEPARING ASIA regional consultation (23-25 September Bangkok)

- An estimated total of 717 million young people aged 15 to 24 live in the Asia-Pacific region, comprising 60 per cent of the world's youth¹.
- Available data of AIDS Data Hub reveals that 95% of all new HIV infection among young people occur among the most at risk adolescent populations.
- UNAIDS Data Hub reports that in 2013, 610,000 young people (15-24) are living with HIV in Asia-Pacific.

With a rising HIV epidemic concentrated within the young key populations, specifically within the young MSM (YMSM) and MSM adolescent populations, PrEP could turn a new page in the HIV response by providing an extra layer of protection. Young people between the ages of 18 – 30 are likely to be the highest potential users for PrEP.

- The average age of the participants of iPrEx study was 27.
- 28 percent of the participants of the UK PROUD PrEP pilot project were between the ages of 18 – 30.

Punitive laws, Sex negative cultural values and lack of legal provisions on age, requiring parental or guardian consent may inhibit the roll out of PrEP for young MSM and adolescent MSM.

Youth Friendly Services

Despite the availability of facility based health clinics, many YMSM in the countries do not access and are not willing to access them since they appear to be intimidating. Addressing this issues is pivotal in rolling out PrEP, to ensure regular follow up testing and monitoring of PrEP adherence.

PrEP demonstration sites need to be sensitive towards YMSM and MSM adolescents in order to meet the demands and expectations of one of the most potential users. Hence;

- A mechanism need to be developed to assess the youth friendliness of clinical and community based testing services and for potential PrEP demonstration sites.
- Based on the assessment the sites need to be

provided with technical assistance and routine monitoring to address the barriers that prevent YMSM accessing the services.

Existing Health services in the countries which are being accessed by YMSM/ adolescent MSM for testing and other health needs may not have the technical capacity to provide PrEP services since PrEP is still a relatively new concept. Therefore;

- Existing YMSM friendly HIV testing sites need to be assessed for their technical assistance requirements on PrEP. It is essential that this support be provided as they become potential PrEP demonstration sites.

(1) United Nation Economic and Social Commission for Asia and Pacific, Social Development in Asia and the Pacific

Age/ Parental consent and financial assistance to purchase PrEP

Individuals above 18 years can consent to HIV testing and other sexual health needs in majority of the Asian countries. Yet age of consent becomes problematic if and when individuals below 18 years of age are concerned. At the same time many countries in the region criminalize same sex sexual activities which discourages YMSM accessing services.

Provided the cultural background of the region, parental consent may play a major role in young people's access to PrEP even when it is not a legal provision. Many young people may need financial assistance of parents/ guardians to pay for required medical testing and prophylactic treatment medication (PrEP). Additionally YMSM may need to use Parents' Health Insurance to

finance their PrEP, which will again require parental consent. Therefore ;

- Policy changes enabling safe and confidential access to HIV health services for adolescents need to be implemented
- Policy changes need to be implemented to provide PrEP medication and other associated testing for free or for minimal charges for adolescent and young MSM PrEP users.
- Best practices in addressing parental consent especially related to financial support for health needs with regard to HIV testing and other SRHR needs of young people in the region need to be explored in order to adopt such in potential PrEP roll out locations.

PrEP Adherence

Adherence to a daily PrEP regimen in relation to YMSM will be problematic. YMSM may not commit to taking a pill every day due to various reasons which may include forgetting the pill or lack of information on the importance of adherence. This may lead to complicated situations such as drug resistance.

PrEP is more than a prescription, it's a program that also requires regular HIV and STI testing, kidney and liver testing in order to monitor side effects if any occur. However there is a concern that YMSM may not continue with the required ongoing testing program due to various reasons including lack of information, financial reasons and the friendliness of the facility.

Being young and belonging to a sexual minority, YMSM need a wide range of support to be compliant with PrEP and all its other requirements. Therefore ;

- Best practices employed to encourage and ensure maximum adherence to PrEP by YMSM around the world need to be explored to be adopted in an Asian context.
- Country contextualized mechanisms need to be developed to ensure that PrEP using YMSM are encouraged to comply with the daily regimen and other tests while protecting their confidentiality.

Self- Stigma, PrEP uptake and adherence

The issue of self-stigma and low self-esteem in YMSM prevents many of them adhering to positive health seeking behaviors. Hence one's own health becomes the least important and therefore despite the HIV risk behaviors and the

apparent HIV vulnerability YMSM do not access health services.

Self- Stigma may result in low uptake of PrEP by YMSM even if the services are available in their

countries. This may also result in low levels of adherence since YMSM may not feel the importance of adherence for effectiveness. Therefore

- Campaigns addressing self-stigma and low self-esteem need to be supported and promoted especially amongst potential YMSM and MSM adolescent PrEP users.
- Addressing and confronting self-stigma among PrEP using YMSM needs to be integrated in to PrEP

services from the conceptual stage to implementation stage.

- Counselling for YMSM needs to specifically focus on boosting self-confidence and self-esteem. The self-empowering aspect of PrEP which is derived through the sense of taking responsibility proactively of one's own sexual health could be a starting point which will complement adherence to PrEP by YMSM.

Additional risk taking behaviors

PrEP using YMSM may take their PrEP use as an opportunity to take additional risks in sexual activities. These behaviors may include increased frequency in sexual activities, increased incidents of condom less anal intercourse, increased use of alcohol and recreational drugs before and during sexual activities. These behaviors will elevate the risks of STI and other infections.

- Counsellors, services providers in the clinics needs to be provided with training on PrEP key messages which would enable them to convincingly promote combined use of PrEP and condoms.
- Establishing the fact that PrEP is not preventive of STIs or any other infections such as gonorrhoea, syphilis and Hepatitis A, B, or C is indispensable, especially in case of YMSM who may use PrEP as an excuse to engage in "condom less sex" which may lead to increase of STIs.

YMSM and adolescent MSM who sell sex

YMSM in most countries sell sex or engage in transactional sex as means of income generation, or as an additional financial support. Severe self-stigma that exist within the YMSM community in the region has resulted in sex work being perceived as the last source of income and HIV as an unpreventable consequence. Being young, belonging to a sexual minority and selling sex, many YMSM sex workers do not have the power to

negotiate condoms with their clients or simply avoid using condoms for additional money². PrEP in this situation could offer an effective prevention strategy for YMSM who engage in sex work providing them control over their sexual health. However PrEP sites need to be capacitated to provide specialized services for YMSM sex workers with special attention and sensitivity to their age, sexual orientation and means of income.

(2) Hidden Dimension, Experience of self-stigma among young men who have sex with men and young transgender

PrEP could play a major role in sero-discordant relationships changing the perception of the MSM community on intimate relationships with people living with HIV. Sero-sorting is being used by many MSM as one of the preventive mechanisms. Yet with low uptake of regular HIV testing sero-sorting does not appear as an effective prevention mechanism.

Statistical analysis shows that the maximum likely chance of transmission via anal sex from someone on successful HIV treatment was 1% a year for any anal sex and 4% for anal sex with ejaculation where the HIV-negative partner was receptive; but the true likelihood is probably much nearer to zero than this (HIV Transmission Risk Through

Condomless Sex If HIV+ Partner On Suppressive ART: PARTNER Study).

YMSM who are already in sero-discordant relationships or whose relationships may transform in to sero-discordant status need continued additional support to employ PrEP as an effective mechanism to retain intimacy with their partners and enjoy fulfilling lives. This support also includes specialized counseling to support YMSM to negotiate any existing power dynamics in terms of PrEP, ARV and condom negotiations. Such support may bring about a paradigm shift change addressing stigma and discrimination against people living with HIV within the community itself.

Other needs of young people

YMSM whether they are on PrEP or not require more than a HIV test from health clinics. Using PrEP may bring out complicated situations related to YMSM and adolescent MSM that will require support from services providers.

YMSM who have not disclosed their sexual orientation or sexual behavior to their families may encounter difficulties if and when parents discover their use of PrEP. The cultural norms against any sexual activities before marriage and especially in case of same sex behavior will contribute to aggravate such situations. Parents or guardians may demand explanations for side effects that may occur through PrEP use. Not meeting these needs through supportive

counselling and safe and confidential referrals may result in YMSM and adolescent MSM abandoning PrEP as a prevention mechanism.

Counselling provided for YMSM and adolescent MSM PrEP users at the PrEP sites need to integrate additional counseling support for coming out, parental/ guardian difficulties, side effects and forced disclosure going beyond traditional counselling support.

Ensure integration of safe and confidential referral systems in to existing counselling procedures within PrEP sites for YMSM and adolescent MSM PrEP users who are in need of additional counselling and other support.

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