COMPLETION REPORT

Feasibility of a Culturally Sensitive Communication Strategy to Engage Key Population in HIV Prevension Awareness and Improve Health Access in Japan: Comparisons between Japan, Indonesia and Thailand

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Background:

Japan is a developed nation and has a concentrated HIV epidemic among men who have sex with men (MSM).

The antiretroviral treatment (ART) uptake and success after retention in medical care is excellent in Japan. Despite success in exceeding the second and third UNAIDS 90-90-90 targets, Japan has lagged behind on first 90.

Approximately 30% of new reported cases have been annually identified by AIDS onset, a key unmet need in Japan is to reach and link key populations to early HIV testing.

Methodology:

Our team conducted a qualitative research with key stakeholders in Tokyo, Kanagawa, Aichi, and Osaka, such as medical HIV researchers, tertiary healthcare provider, community staffs, and governmental agencies, to understand HIV testing alternatives for MSM in Japan, reasons behind late HIV diagnosis, barriers to healthcare access, and identify innovative strategies to increase early HIV testing among atrisk MSM, and compare research outcomes with Indonesia and Thailand.

Results:

Similar to 'Puskesmas', government-mandated clinics across Indonesia, municipal healthcare centers called 'Hokensho' remain key sites delivering free/anonymous HIV/STI testing in Japan with broader perception of being women/child's health center, and are not especially preferred by MSM. Primary reasons for late HIV diagnosis included challenges in engaging MSM in HIV cascades, structural barriers i.e. testing capacity, schedule/accessibility, lack of MSM-friendly services, and regulatory issues with HIV self-testing, and individual level barriers such as self-stigma, lack of self-care and substance use issues. Indonesia, and especially Thailand have addressed some of these barriers and implemented MSM-focused HIV prevention interventions i.e. online/offline platforms for HIV counselling and testing, integrating online technologies and HIV self-testing, MSM friendly HIV testing clinics, and ensuring accessibility of HIV prevention tools like pre-exposure prophylaxis (PrEP).

In Japan, primary HIV prevention initiatives include traditional outreach models including distribution of condoms and testing brochures at gay hotspots, informational web-based resources such as community websites and social media networks offering comprehensive information, bidirectional email HIV counseling, and free hotline/in person consultations/counseling. Japanese community organizations are spearheading HIV testing initiatives by implementing prefecture-based models. For example, HIVCheck.jp Tokyo, an HIV self-testing research piloted in collaboration with clinical laboratory led to increased HIV testing uptake among MSM (1,127 DBS samples collected). Japanese MSM actively use Internet for seeking sex partners, e.g. gay dating app 9 monsters has reportedly >300,000 active members. Thailand and Indonesia have shared similar evidence of high online sex

seeking and subsequent sexual health seeking behaviors and demonstrated the success of intensive real-time interventions for HIV prevention.

Conclusions and Recommendations:

To reach the first 90, Japan needs a diffusion of innovative technology to streamline its HIV service delivery and implement integrated online-to-offline (O2O) models and intensive real-time interventions. These models have demonstrated success in scaling-up early HIV testing among MSM in Indonesia and Thailand.

Publication of the Results of Research Project:

Verbal Presentation (Date, Venue, Name of Conference, Title of Presentation, Presenter, etc.)

Scientific Abstract Submitted

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