



Terms of Reference (TOR)

Terms of Reference for MSM Operational Research including Consultation with Key Stakeholders/Focus Group Discussions, Mapping of Currently Available Services, and Assessment of Logistical Factors to Build on Existing Services in Malaysia

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1. Background

According to the WHO classification, Malaysia is a country with a concentrated HIV epidemic with high infection rates of above 5% among most-at-risk populations (MARPS) especially among IDU, sex workers and transgender populations. By the end of 2011, Malaysia had a cumulative figure of 94,841 HIV, 17,686 AIDS and 14,986 deaths, thus giving reported PLHIV of 79,855. In 2012, according to a UNAIDS report, new HIV infections were reduced by 34%. As of 2011, there were 14,002 PLHIV on treatment which is 37.5% of the estimated number of PLHIV eligible for ARV treatment (37,306). It has been estimated that by end of 2015, Malaysia will have 81,317 people living with HIV.

HIV prevalence is predominantly amongst the male population, constituting 90% of cumulative HIV cases and the majority is from the IDU population. However, the trend of ratio female: male is changing from 1:99 in 1990 to 1:10 in 2000 to 1:4 in 2011. In 2011, sexual transmission has superseded IDU as the main factor driving the epidemic with ratio of 6 sexual transmissions for every 4 IDU reported. Amongst men, 48% acquired infection via injecting drug use and 47% through sexual mode. With respect to geographical distribution, there has been a distinct trend in transmission mode over a period of 10 years in the states of Malaysia.

It appears that some states especially those in the eastern region (Pahang, Terengganu and Kelantan) of Peninsular Malaysia are still driven by IDU whereas some states in the northern (Perlis, Kedah, Penang and Perak) and southern regions (Negeri Sembilan, Melaka and Johor) have shifted to more of a sexually driven infection. The central region (Selangor and Kuala Lumpur) used to be IDU driven but has turned to sexually driven whereas east Malaysia

(Sarawak, Sabah and Labuan) has always been predominantly sexually driven since the beginning of the epidemic.

The prevention component targeting sex workers is implemented through the Global Fund, MAF and the MoH in Pahang, Johor, Negeri Sembilan, Melaka, Selangor, Kuala Lumpur, Perak, Penang, Kedah, Kelantan, Sarawak and Sabah states. Terrenganu and Perlis do not have any specific sex worker services. The prevention component targeting IDU is implemented mainly through the Global Fund, the MoH and Community Action on Harm Reduction (CAHR) in Pahang, Terrengganu, Johor, Negeri Sembilan, Melaka, Selangor, Kuala Lumpur, Perak, Penang, Kedah, Perlis and Kelantan. Sarawak and Sabah do not have specific IDU services.

IBBS have been conducted in 2009 and 2012 in Malaysia. The preliminary results of the IBBS study conducted in 2012 show the following:

1. IDU: overall HIV prevalence is 18.9% with some important disparities per geographic areas. Kelantan (47.9%), Terengganu (32.5%), Johor (20.6%) and Pahang (16.5%) being the most affected states. The prevalence was 22.1% among IDU in 2009 but the study was limited to Klang Valley.
2. FSW: overall HIV prevalence is 4.2 % with important disparities per geographic areas. Pahang (18.6%), Selangor (10%), Kelantan (9.8%) being the most affected states. Previous data on HIV prevalence of FSW was 10.5% in Klang Valley (2009).
3. TG sex worker: overall HIV prevalence is 5.7% with highest rates in Pahang (18.6%) and Pulau Pinang (7.5%). Previous data on HIV prevalence among TG sex worker was 10.5% in Klang Valley (2009).
4. MSM: overall HIV prevalence is 12.6% with highest rates in Johor (53.1%), Penang (13.7%) and Kuala Lumpur (10.2%). This rate is higher than estimated (4.5%) based on EPP 2010-2012. The study also shows that among the study subjects, 51.2% tested positive and knew their results, 42-77% had condom use with recent partners, and 24.6% used recreational drugs before sex.

Malaysian AIDS Council (MAC) is the Principal Recipient of Global Fund Round 10 since July 2011. The total budget amount for the first 2.5 years is USD 5,605,067. MAC has been providing prevention services to IDU and Sex Workers through 13 Sub-Recipients during the first 2.5 years of the project which is ending at the end of December 2013. MAC has now received the confirmation from the GF that additional funding for the next 2.5 years will be

granted for a total amount of 6,832,129 USD of which 574,000 USD are earmarked for MSM activities.

To date, beside IBBS data available on MSM, very little is known at the country level. Therefore MAC is proposing to conduct, in coordination with MoH and other key stakeholders, an operational research on MSM to conduct consultations, to map currently available services, to assess logistical factors, which inform program design and future implementation of activities from September 2014.

2. Objectives of the Operational Research

- a) To review all existing in-country MSM surveys relevant to the research topic (desk review)
- b) to conduct focus group discussions/conduct regional consultations with key stakeholders—to gather regional/local input from individuals and group consultations to identify local needs and concerns, special consideration, potential obstacles, opportunities for collaboration etc.
- c) to map currently available services
 - i. to identify the range of models in current use and examining how they might be expanded or tested
 - ii. to also examine in detail the characteristics of each of the models, and compile what is known about access levels, outreach to sub-population, quality of care, and longitudinal engagement with MSM
- d) to assess logistical factors to provide relevant information for the field to build on existing intervention for MSM HIV prevention, treatment and care
 - i. to identify sites where interventions for MSM prevention, treatment, care and support are in place
 - ii. to help organizations and groups working in those settings to formalize and strengthen the approaches they are using, expand their reach and range of services
- e) to define the most effective interventions going forward to yield an impact on the epidemic among MSM, to develop alternative intervention model, and to develop standards and guidelines of MSM HIV prevention and care services

3. SCOPE OF WORK

The operational research on MSM will provide a mapping of currently available services and input from key stakeholders to inform local needs and concerns. It will ensure adequate services coverage of MSM based on the assessment of logistical factors to build on existing services. It will help to further strengthen the program and quality of services provided to key at-risk groups to ensure that critical enablers necessary for an effective investment in HIV/AIDS response are in place.

A) Desk review of existing research on MSM

B) Conduct consultations with key stakeholders

1. to develop set of questionnaires for the consultation
2. to train the identified community facilitators/key contacts in conducting/moderating the discussions

C) Mapping of currently available services and assess logistical factors to build on existing intervention for MSM HIV prevention, care, and treatment

1. to develop methodology to assess the currently available services
2. to train the identified community facilitators/key contacts in conducting the mapping exercise

Team members:

- International research expert
- Local Research expert
- Focus group leaders

International research expert (Team Leader) qualifications:

- Advanced degree in public health, epidemiology, social science, development studies, or other field relevant to the topic;
- Proven experience and expertise in undertaking HIV/AIDS epidemiological analysis which informs programmatic design and selection of interventions;
- At least 10 years of experience in research and analysis of HIV prevention programmes,
- Extensive experience in design and evaluation of national HIV/AIDS programs in the context of a concentrated HIV epidemic;

- Extensive experience in rapid assessment surveys;
- Extensive experience working with MARPs and conducting surveys/interview;
- Extensive experience working on HIV/AIDS treatment and/or prevention issues;
- Familiarity with the Global Fund business model and ability to understand and interpret country basic macroeconomic data and indicators, particularly those related to government budgeting, including sources of financing for government expenditures.
- Good analytical and drafting skills;
- Good Communication skills;
- Excellent knowledge of English.

Local team leader expert

- Master degree in public health, epidemiology, social science, development studies, or other field relevant to the topic;
- Proven experience and expertise in undertaking HIV/AIDS epidemiological analysis which informs programmatic design and selection of interventions;
- At least 3 years of experience in research and analysis of HIV prevention programmes,
- Experience in design and evaluation of national HIV/AIDS programs in the context of a concentrated HIV epidemic;
- Extensive experience in national health program design and evaluations;
- Experience working on HIV/AIDS treatment and/or prevention issues;
- Good analytical and drafting skills;
- Good Communication skills;
- Excellent knowledge of English.

In order to ensure neutrality, none of the team members (and organizations with which he/she is affiliated) should have any current involvement with the implementation of Global Fund grants in Malaysia or the national HIV program in Malaysia or any other perceived conflict of interest.

C) Duration of the work and Timeline

- Detail work plan with proposed methodology for conducting mapping and focus group discussions for MSM with tentative timelines to be submitted together with proposal;

- Desk review and study design 6-16 February 2014;
- Focus group leader training 17-21 February 2014
- Focus groups (data collection) by 15 March 2014
- Data collection and analysis by end April 2014
- Draft report submitted to MAC by **15 May 2014**;
- Exit meeting at which the Team leader will present the report's findings to the CCM, and other relevant in-country national and international stakeholders on **1 June 2014**;
- Final report incorporating suggestions and comments from the PR and CCM to be submitted by **15 June 2014**;

E) Location of Work

Malaysia

- International expert total 4 weeks + additional fee for DSA + air fare: desk review of reports=1 week remotely; 1 week in country=meet local expert and train focus group leaders, 2 weeks for data analysis and report writing)
- Local expert total 6 weeks: desk review of reports=1 week collection and 1 week analysis; 4 weeks to work with international expert and train focus group leaders, data analysis and report writing)

G) Scope of Proposal Price and Schedule of Payments

The following deliverables are expected:

Deliverables	Timeline
Draft needs assessments report in electronic form delivered to MAC for review	15 May 2014
Presentation of the report's findings at the Exit meeting with the CCM, and other relevant in-country national and international stakeholders*	1 June 2014
Final report incorporating suggestions and comments from the PR and CCM submitted	15 June 2014