



Purple Sky Network Meeting

“STRONGER TOGETHER”

**30-31 August 2007
Bangkok, Thailand**

Report

Acknowledgements

Into its second year, the Purple Sky Network has grown a lot with operating national/provincial working groups in all the member countries and provinces since last year.

With continued financial support from the United States Agency for International Development-Regional Development Mission Asia (USAID-RDMA), the United Centers for Disease Control and Prevention – Global AIDS Program (USCDC-GAP) and Family Health International-Asia Regional Program (FHI-ARP), the Purple Sky Network has been able to develop and grow.

Like last year, a number of organizations contributed to the meeting by underwriting the expenses for some participants. They include FHI/China, UNAIDS/Vietnam, UNESCO, USCDC-ARP, USAID-HPI, the AIDS Council of New South Wales (ACON) from Australia, Burnet Institute Myanmar, Burnet Institute Laos, Population Services International Laos, the Seven Sisters, the International Organization for Migration (IOM), UNAIDS/Thailand, UNAIDS/Regional, the Asia Pacific Network of People Living with HIV/AIDS (APN+), Pact/Thailand, FHI/ARP, USAID as well as Paul Causey and David Lowe who also supported themselves to attend.

Thanks to the following presenters for sharing valuable information with all the participants: Dr. Frits van Griensven for the regional epidemiological update, Philippe Girault for the media-targeted sex alert campaign and the achievements on the Two-Year Vision Plan, Brad Otto for the follow-up on the regional advocacy training and the good news on the advocacy grants, Aung Myo Htut for the information about the APN+ Regional MSM Network, Martha Scherzer for the innovative Behavior Change Communication, Kevin Frost for the good news on the amfAR MSM Global Initiative, all the country representatives for the country updates and the findings from the interventions inventory, and the Asia & Pacific Islander Wellness Center for their introduction and the needs assessment session.

Last but not least, it was all of us who were there during the two days in Bangkok who made this meeting possible and successful. Thanks everyone for your participation and sharing. Thanks to all the TREAT Asia staff who contributed to the preparation and arrangements of this meeting.

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Executive Summary

The Purple Sky Network (PSN) stakeholders met for the second time on 30-31 August 2007 in Bangkok, Thailand with the main purposes to review what has been achieved during the last two years and to establish a plan for the next two years. This year, 71 participants from the network updated themselves with some new regional epidemiological data. They also learned about a targeted multiple media campaign aimed at promoting safer sexual and health seeking behaviors among MSM in Bangkok and Chiangmai and supported by FHI/Thailand, showing a high coverage and encouraging changes in terms of sexual and health seeking behaviors.

In addition to country updates, each country also presented findings from the regional interventions inventory update conducted prior to the meeting. Then a presentation on the achievements against the two-year vision plan for HIV/AIDS interventions among MSM in the GMS established in 2005 was presented.

Constella Futures' Health Policy Initiative (HPI) followed up with the country participants on the progress made after the regional advocacy training that took place in May 2007 and announced a small grants scheme for country working groups to continue advocacy efforts locally. Similarly, amfAR presented its Global MSM Initiative that was initially meant to financially support the efforts for MSM by the PSN but had grown to a global scale. Apart from funding opportunities, APN+ also shared its Regional MSM Network initiative that was formed earlier this year, and USCDC shared its behavior change communication project and also the upcoming plan for a regional BCC training in collaboration with the PSN.

The meeting this year was also an opportunity for the network to formalize the roles and responsibilities of the country/provincial focal points to help streamline network functions and communications. The Regional Coordinating Secretariat (RCS) learned how it can serve the network better from the participants' expectations of the RCS over the next two years.

To move forward, the participants together worked on what they would like to achieve together as a network in the next two years, setting their priorities and indicators for the new goals for 2008-2010. The USCDC in collaboration with FHI and UNAIDS also launched a project to assess technical capacity building for MSM organizations under the PSN which would be conducted by the Asian & Pacific Islander Wellness Center based in San Francisco.

The PSN last year saw growth with new national and provincial technical working groups established and functioned as a regional platform for collaborations. With the interventions inventory update, the achievements against the previous two-year vision and the regional capacity needs assessment as well as new funding opportunities, the network hopes to develop further to achieve the goal of reducing HIV infections among MSM in the GMS together.

Introduction

The Purple Sky Network meeting - Stronger Together - was held on 30-31 August 2007 in Bangkok, Thailand. This is a second meeting after the network stakeholders met for the first time last year when it formalized itself as the Purple Sky Network.

This second network meeting was convened with specific objectives to:

- Further strengthen networking among MSM working groups in the region.
- Share findings from the two-year vision monitoring and the regional interventions inventory update.
- Assess what has been achieved against the previous two-year vision plan and thereby develop the new two-year vision.
- Promote regional collaboration and identify technical capacity building needs through the launch of the needs assessment project by USCDC in collaboration with API and the PSN.

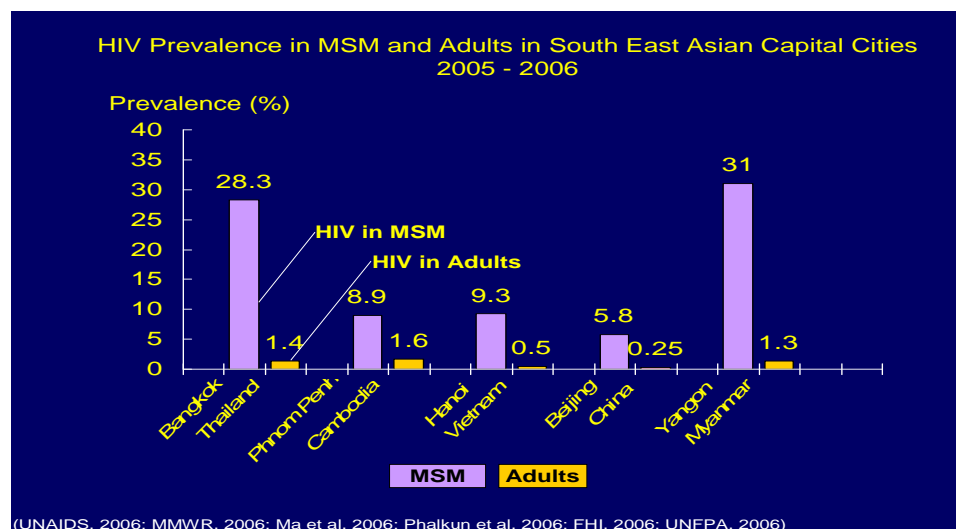
DAY ONE

Regional Epidemiological Update

Dr. Frits van Griensven, Thailand MOPH-USCDC Collaboration

This year Dr. Frits started off by citing the numbers of lifetime male-to-male sex in Southeast Asia which vary from 3 to 18%. Estimations show that about 1 million people in Indonesia, 300,000 in Myanmar and 500,000 to 1,000,000 engage in male-to-male sex. Across four countries where surveys have been conducted, risk behavior data in China, Vietnam, Cambodia and Thailand show the extent of unprotected anal sex of between 45 – 79%. Syphilis is a risk factor across the region.

Asia has a big epidemic all over the region including the GMS. Data did not exist six to seven years ago but now there are prevalence numbers in all the GMS countries except Laos. Nonetheless, at the time of this meeting a survey was being conducted in Laos by USCDC, Burnet Institute and the Center for HIV/AIDS/STI (CHAS).



In 2005, the prevalence rate among Thai MSM in Bangkok was almost 30%. The number this year has yet been revealed but was referred to as not so encouraging and high rates among younger population have been detected. Hanoi saw a prevalence of 10% in 2006 yet with no distinction between subgroups. Prevalence in Cambodia came down from 14% in 2003 to 9% in 2005 but this is no guarantee it has really come down. Beijing has experienced an increased of around 1.5% in 2003, 2005 and 2006.

Sex Alert Targeted Media Campaign

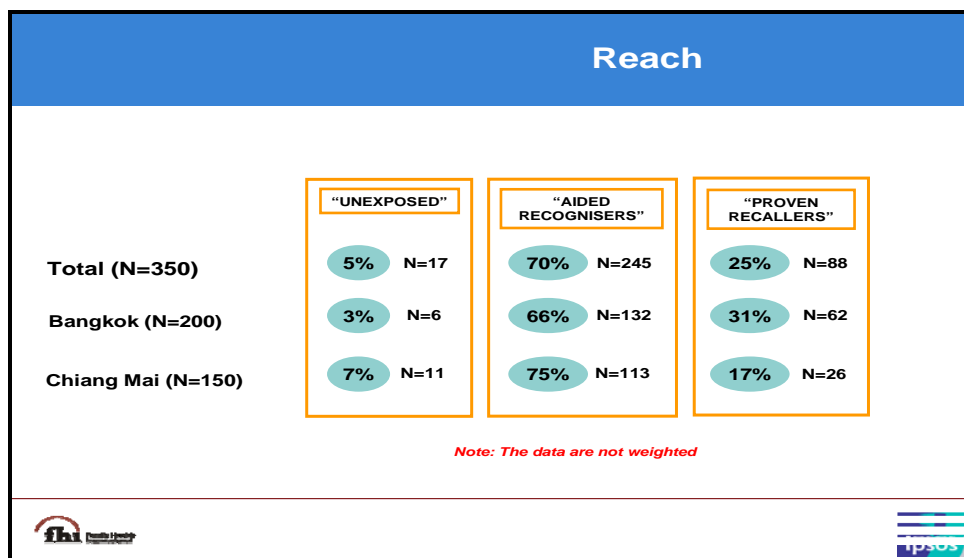
Philippe Girault, Senior Technical Advisor, FHI/ARPO

FHI supported the implementation of a media-targeted campaign called Sex Alert that ran from February – September 2006 and targeted MSM and MSW in Bangkok and Chiang Mai. The project was endorsed by the Ministry of Public Health and aimed to increase safer sexual and health seeking behaviors.

The campaign was designed and implemented by McCann (an international advertising agency based in Bangkok) in collaboration with three Thai CBOs including Rainbow Sky Association of Thailand (RSAT), Service Workers IN Group (SWING) and Mplus.

Various targeted channels were identified and used to convey the key messages of the campaign such as magazine, SMS, internet banners linked to CBOs’ website, call centers, road shows and printed media e.g. posters leaflets, booklets and condom and lubricant packages. A mid-term review had been conducted in July 06 among 300 respondents. The findings of this mid-term review showed a high coverage of this targeted campaign but with a moderate intensity.

In December 2006, a final evaluation was conducted by an independent agency (Ipsos Thailand) to assess the final coverage of the campaign. In Bangkok and Chiang Mai 350 respondents were recruited through a Respondent Driven Sampling (RDS) methodology and interviewed. Although the study had been conducted three months after the end of the campaign, the level of reach appeared very high: only 5% of the respondents were unable to recognize any element of the campaign.



The campaign also had a significant impact on MSM and MSW sexual and health seeking behaviors; those who were able to recall spontaneously key elements of the campaign, reported safer sexual and health seeking behavior compared to those who were not exposed at all to the campaign. The evaluation also showed a high acceptance of the campaign by the community, despite some concerns mainly coming from some NGOs and CBOs' workers that the campaign could stigmatize MSM.

The evaluation also showed that 72% were reached by magazines, 88% were reached with the combination of magazine and Internet media, 90% with the latter combination and road show media, and a marginal increase with any other additional channels added. Therefore, for a maximum cost effectiveness of a future campaign in these cities, the combination of these key channels i.e., magazines, websites and road shows should be used.

It was also suggested that community-based and community-driven campaigns could be combined and coordinated to magnify and sustain the overall impact of the campaign in the future.

Country Presentations:

Prior to the meeting, the RCS with technical assistance from FHI conducted an intervention inventory update and a monitoring of the two-year vision plan. Questionnaires were completed and analyzed. Each country presented the results and integrated country updates in the presentation.

CAMBODIA:

Inventory of MSM/MSW/TG Projects

Organizations working with MSM in Cambodia include: KDFO, KWCD, USG, MHSS, MHC, KHENMARA, KANHNHA, WNU, MEC, CHOUK, SAR II, INTANOUK.

Donors include: USAID, UNESCO, Canada Fund, Pharmaciens San Frontieres, The Bill & Melinda Gates Foundation and the EU.

The level of funding across 14 projects in 2007 was between US\$10,000 – 30,000.

Five organizations were identified during the inventory and MSM projects are implemented in 12 provinces in Cambodia. Out of the 14 projects, 5 targeted gay, 11 targeted MSM, 12 targeted MSW and 10 targeted TG. Crude preliminary assessment suggests mean local coverage of interventions for these projects is no more than 60%. Condom: 101,013 through free distribution and 170,920 through social marketing. Lubricant: 46,203 through free distribution and 28,920 through social marketing.

3 out of 5 organizations have established a mechanism for condom and lubricant distribution for their projects and 4 have established a mechanism for condom and lubricant social marketing for their projects. Almost all of the projects operating in Cambodia are linked to care, support and preventative education.

Main Challenges:

- Discrimination and stigma
- Lack of coordination among NGOs working with MSM
- Resource mobilization
- M&E implementation
- Limited networking

Country Update: The country representative presented the following progress and activities.

- MSM identified as a priority in the National AIDS Authority (2006 – 2010).
- Global Fund round 7: scale-up of MSM intervention.
- Coordination of meeting between National MSM Network and MSM Technical Working Group.
- Scale-up of MSM/HIV prevention and care activities.
- National MSM Technical Working Group endorsed by National AIDS Authority.
- National MSM Consultation meeting on strategic framework and operation plan.
- MSM Network plans to link with human rights organizations in Cambodia.

CHINA:**Inventory of MSM/MSW/TG Projects**

Organizations working with MSM in China (Yunnan & Guangxi) include: PSI, Spring Rain Workgroup, Dali Good Friends, Yunnan Red Plateau, Honghe Brothers Care, Nanning Center for Disease Prevention, and Liuzhou Tongxiyuan Healthcare .

Donors include: USAID, DFID, WB, GF, Martin Fund, Beijing Love, Knowledge and Action Institute.

The level of funding in 2007: N/A

Project overview: 6 projects target gay, 4 target MSM, 5 target MSW and 4 target TG. Crude preliminary assessment suggests limited coverage of only about 14%.

Condom: 85,071 through free distribution and 9,100 through social marketing
Lubricant: 49,611 through free distribution and 3,470 through social marketing

Among all the organizations surveyed, 4 have established condom and lubricant distribution and 3 have developed a mechanism for condom and lubricant social marketing. 5 have linkages to STI, VCT and care and support services while 4 have established linkages to ARV. Unfortunately, only 2 out of the organizations are perceived MSM-friendly.

Main Interventions and Activities:

- Outreach and peer education
- Face-to-face counseling
- Telephone/hotline counseling
- Linkages to services
- Sensitization of healthcare providers on MSM issues
- IEC development and distribution

Main Challenges:

- Reaching hidden MSM
- Lack of financial support from governmental organizations
- Lack of services for HIV positive
- Weak organizational development
- Sustainability of organizations
- Poor quality of services provided
- High discrimination and stigma
- Lack of policy supporting interventions (very difficult for private NGOs to be recognized by Chinese government as practicing NGOs)
- Lack of specific data regarding HIV prevalence (STI information available but nothing specific to HIV)

LAO PDR:

Overview: First HIV case was identified in 1992 and accumulated number up to 2006 is 1,347. Generally, knowledge of HIV is low, so is condom use at 57.2% (2004) but high STI. PHA are culturally accepted in general. Main risk factors for transmission include migration (internal, external, legal and illegal) and spouses of migrant workers, MSM, TG, FSW and construction sites. Fast social changes also contribute to HIV/AIDS prevalence i.e. drug use, premarital sex, paid sex, migration and resettlement, social and economic pressure.

Inventory of MSM/MSW/TG Projects

MSM projects are implemented in 6 provinces in Laos by three NGOs; namely, Burnet Institute (BI), Population Services International (PSI) and Lao Youth AIDS Prevention Program (LYAP).

Donors include: USAID, GF, UNESCO, UNAIDS, USCDC.

Among all the projects implemented, 3 projects target gay, 3 target MSM and 3 target TG, all covering approximately 60% of MSM project areas.

Condom: 115,000 through free distribution and 600,000 through social marketing

Lubricant: 66,000 through free distribution and 566,000 through social marketing

Only one organization has established a mechanism for social marketing of condom and lubricant.

Main Interventions:

- Outreach and peer education
- Face-to-face counseling
- Condom and lubricant social marketing
- IEC development
- Linkages to services
- Community mobilization
- Research
- VCT and ARV services
- Share information and planned work

- Share successes and failures – avoid “reinventing the wheel”
- Identify gaps and divide work
- Develop strategies
- Advocacy (pending funding to support advocacy work)
- MSM outreach and training guideline in local language

Main Challenges:

- Donor support
- Funding sustainability
- Lack of data
- Reaching hidden MSM

MYANMAR:

Inventory of MSM/MSW/TG Projects

MSM projects are implemented in 10 major cities by 2 organizations participated in this inventory – Population Services International and Healthy Living Helping Society (HLHS), and both work with mixed populations (gays, MSM, MSW, TG) with hopes to expand to include national coverage next year.

Donors include: the 3D Funds, USAID, DFID, EC, UNFPA and some private funds.

In 2006, 32 million condoms/lubricants were sold but proportion to MSM was unknown. However, the MSM-targeted “Feel for Men” condoms sold in 2006 was 50,000 and lubricant was 35,000.

Key Services

- STI
- Support and Care
- ARV and positive prevention services

All services linked to the two organizations are perceived “MSM friendly” except for ARV services.

Key Interventions

- Outreach and peer education
- Face-to-face counselling
- Condom and lube distribution and social marketing
- Linkage to services (all 10 cities have a drop-in centre for MSM)
- IEC development and distribution
- Community mobilization
- Advocacy

Key Challenges

- Difficult to get CBO registration from Government
- Outreach activities are often disturbed by police/protest
- Lack of MSM-friendly services
- Stigma and discrimination

THAILAND:

Inventory of MSM/MSW/TG Projects

Ten organizations participated in the inventory include Rainbow Sky Association of Thailand (RSAT), SWING, Mplus, The Poz Home Center, Sisters, Bangrak STI Cluster (BATS), Sairoong Group Photharam, Udon Thani Hospital, Khon Kaen Provincial Health Office, Andaman Power and Patong Hospital, all covering 7 cities in Thailand.

Among all the projects implemented, 8 target GAY, 10 target MSM, 7 target MSW and 8 target TG.

Donors include: USAID, USCDC, GF, Medicine San Frontier, GOs and other private funds.

Level of funding in 2007

- 1 project < 5,000 USD
- 1 project between 5,000 – 10,000 USD
- 3 projects between 10,000 – 30,000 USD
- 1 project between 30,000 – 50,000 USD
- 2 projects between 50,000 – 100,000 USD
- 5 projects between 100,000 – 150,000 USD

Condom: 677,005 through free distribution and 30,000 through social marketing

Lubricant: 105,300 through free distribution and none through social marketing

12 projects have established a mechanism for condom and lubricant distribution and 7 projects currently use social marketing.

Crude preliminary assessment suggests mean local coverage of interventions for these projects is no more than 20%.

Most of the services linked to the projects are considered “MSM friendly”.

Main Interventions

- Outreach and peer education
- Face-to-face counseling
- Condoms and lubrication distribution and social marketing
- Linkage to services
- Sensitization of health care providers
- Community mobilization
- Advocacy
- IEC development
- Internet Interventions

The country network has established a mechanism for sharing knowledge together – networking with all MSM services.

Key Challenges

- Lack of skills to implement effective interventions
- Mobility of MSW
- Lack of coordination among NGOs
- Lack of resources –budget reduced for MSM this year
- Security in locations
- Reaching hidden MSM
- Discrimination and stigma

The Thai National AIDS Plan (2007 -2011) has been established.

One interesting facet of Thailand is the amount of GOs involved including the Ministry of Public Health, the Ministry of Justice, the Bangkok Metropolitan Administration and the Department of Attorney General.

VIETNAM:

Inventory of MSM/MSW/TG Projects

Seven organizations working on MSM include AIDS Program, Consultation of Investment in Health Promotion, Ho Chi Min City Provincial AIDS Committee, STI/HIV/AIDS Prevention Center, Can Tho Provincial Health Services, FHI, UNAIDS and the Center for Health Promotion and Education, all covering 4 cities. There are 2 additional projects available through the internet.

Among all the projects implemented, 5 target GAY, 6 target MSM, 5 target MSW and 5 target TG (mainly grouped with MSM).

Donors include: USAID, the Ford Foundation and other private supporters.

Condom: 471,919 through free distribution and 20,839 through social marketing
Lubricant: 7,959 through free distribution and 7,871 through social marketing

All projects have established linkages to VCT/STI, support and care, and ARV. Generally speaking, all services are MSM-friendly.

Key Interventions

- Peer outreach and support
- Services and edu-tainment activities at DICs (including telephone counseling, face-to-face support)
- Linkages and referrals to friendly supportive services
- Condom and lube distribution and social marketing
- Sensitization of services
- Community mobilization and education
- Advocacy of central and local level
- BCC development and distribution
- Internet-based intervention (to start in the next couple of months)
- Research

Key Challenges

- Discrimination and stigma
- Insufficient technical skills to develop interventions at national level
- Need to step up multi-sectoral advocacy interventions (eg. Involvement MoD, MoPs)
- Lack of CBOs
- Reaching hidden MSM
- Availability of water-based lubes, no lubricant suppliers in Vietnam
- Availability and accessibility to free STI services
- Linkages to vocational programs, especially at provincial level
- Project sustainability - currently funding is from USAID but unsure in the long term

TWO-YEAR VISION PLAN: WHAT HAVE WE ACHIEVED?

Philippe Girault, Senior Technical Officer, FHI/ARPO

During the workshops in 2005, a 2-year vision plan, comprising 20 priority indicators aimed to increase the access to prevention and treatment services for MSM, has been developed in March 2005 and validated in August 2005 by the participants. For this second PSN meeting it was decided to assess the achievement of two-year vision plan developed for 2005-2007, and to identify gaps to be considered during the development of the 2-year vision plan 2007-2009. Two different questionnaires were sent to each national (provincial for China) working group in order to collect information: a questionnaire focusing on the activities of the national working group since its establishment and a second questionnaire focusing on the inventory of MSM project in the concerned countries.

Major Findings:

Encouraging findings enlightening the commitment and the efforts of the different government agencies, donors, MSM national working groups and NGOs/CBOs/INGOs to increase HIV interventions among MSM in their country, particularly during the past 2 years:

- MSM in the national plan of almost all the GMS countries
- MSM national strategy development in already 2 countries
- MSM included in national surveillance in 3 countries and in progress in one country
- The number of MSM projects is increasing since 2005

However some major gaps have been identified and should be considered during the development of the 2-year vision plan 2007-2009

- Access to prevention and clinical services mainly related to the low coverage of the existing projects (prevention and also clinical services) and the lack of advocacy activities (at multi-levels)
- Capacity building to MSM organizations, particularly on organizational development
- Development of targeted communication strategy and campaign
- Access to condoms and lubricants
- Size estimation development

- Qualitative research to inform the development of appropriate interventions
- Collaborative MSM regional strategy: multi-partners/donors and government agencies

Concerning the development and the assessment of the next 2-year vision, the following recommendations were suggested:

- Define clearer and measurable indicators when developing the next 2-year vision
- Improve the quality of the tools to monitor the 2-year vision plan
- Decentralize the data collection and analysis to each national working group. The PSN should however provide TA to the national working groups when needed

MSM Advocacy Initiative in GMS

Brad Otto, Health Policy Initiative

In May 2007, a regional advocacy training was organized in Bangkok. Brad followed up with the country working groups on any progress or follow-on work since the training. Each country reported as follows:

Thailand

After the workshop, the plan may not have been 100% applied. A lot of advocacies have been changed and are ongoing. The group has applied new knowledge and strategies to put forwards advocacy work.

Vietnam

It was really a good opportunity for Vietnam because there were high-level representatives from the administration to the training. The group's advocacy goal was to organize a national conference for which background materials are being prepared.

Cambodia

The group is planning to do advocacy work in December 2007, trying to identify the particular advocacy issue to work with.

China

Advocacy initiative will start small, during a coordination meeting with government. The group will encourage peer educators to work with the communities. Counselling from working groups will also start in the near future.

Myanmar

Advocacy is an ongoing process. After the training, the group took some initiative to communicate with UNAIDS. Also, there's an ongoing advocacy effort to get registration.

Laos

The group plans to work at the community level for advocacy and will discuss and prepare training with peer educators on how to discuss with policymakers.

HPI was interested in supporting MSM advocacy programs in the region and announced an opportunity for small advocacy grants for the country working groups, the deadline for which was 7 September 2007.

APN+ Regional MSM Network

Aung Myo Htut, Program Officer, AIDS Alliance/Myanmar and APN+ rep to the PSN

The APN+ Regional MSM Network was initiated in 2006 and the group was formed in 2007 with member countries that include: Mongolia, the Philippines, Malaysia, Indonesia, Guam, India, Myanmar, Singapore, Japan, Australia and New Zealand. Conclusions drawn from the first meeting in March 2007 are as follows:

Issues/ Needs

- Disclosure – gossip
- Expectations
- Lack access to MSM friendly services
- Double discrimination – MSM +
- Limited Voice
- Isolation
- MSM and family life

Barriers/ Challenges

- Self Acceptance
- Insufficient Information
- Lack of advocacy on +MSM issues
- Limited research data
- Religion

Role of +MSM

- Educators at grassroots level, peer educators
- Role models, leaders
- Advocate for rights and needs of +MSM

During the first meeting the group developed an action plan for 2007. It addressed the issues and actions needed.

Actions Needed

- Communication
- ICAAP
- Advocacy and Collaborations
- Capacity Building and +MSM
- Research
- Resources
- +MSM Skill building in ICAAP
- The development of resources for +MSM. Resources should be simple so that each country can just take the resource and use it.
- Capacity building for +MSM

Recommendations

- Train +MSM working group first
- MSMWG will provide training for utilizing resources that are developed in each country.

Behavior Change Communication for Action

Martha Scherzer, Deputy Chief, USCDC-GAP

USCDC-GAP is beginning its new Behavior Change Communication (BCC) approach for action project which has already been implemented in northeastern Thailand. BCC is not the same as IEC, as exemplified in the following table.

IEC	BCC
<ul style="list-style-type: none">• Factual Information• Tells people what to do• Information distribution	<ul style="list-style-type: none">• Focus on Individual• Facilitate change• Encourage thinking and discussion• Provide guidance and structure for action (i.e. how to make change happen, not just how to identify the change that needs to happen)

How to facilitate change?

- Encourage thinking about behavior change
- Facilitate discussion
- Help individuals take action

Martha cited a case study in which a local creative team was trained to write appropriate scripts and develop role model stories which were then tested for applicability by members of the target populations. This was based on the following change model.

1. Unaware of need to change
2. Start to see the need to change
3. Makes plans to change
4. Take action to change
5. Behaviour change

USCDC is planning a training for PSN members on BCC in November 2007.

amfAR Global MSM Initiative

Kevin Frost, Director of TREAT Asia and CEO of amfAR

Kevin announced a funding initiative that came out of the desire to raise additional funds in support of the PSN. However, the epidemic among MSM is a global concern, with increasing rates of HIV in Eastern Europe, Latin America, Africa, the Pacific, the Caribbean, India, etc. This program came about to provide support at the grassroots level to organizations working with MSM.

This initiative has three major goals:

1. To support frontline organizations involved in MSM.
2. To support operational, social, biomedical research.
3. To support strong policy initiatives (providing advocacy, policy analysis) and creating increased public funding for HIV among MSM - Initiatives for +MSM could be supported in this (support and care).



These grants are for frontline NGOs only and will be reviewed by a community review panel. It is amfAR's intention to make this a multi-year project.

Formalization of Roles and Responsibilities of the PSN Focal Points

Jack Arayawongchai, PSN Regional Coordinating Secretariat Coordinator

Country/provincial focal points in the PSN play an important in communication, information sharing and coordination between country networks and the PSN. Given the PSN being one year old and in order to move forward, formalization of the focal pints will help streamline network functions and strengthen the PSN. Please refer to Annex 3 for the focal points' TOR.

Asia Pacific Coalition on Male Sexual Health: APCOM

Paul Causey, Independent Consultant

APCOM is a recently formed coalition comprising a regional alliance of civil society groups, HIV AIDS organizations, MSM and transgender groups, in addition to international donors, development and government agencies. The coalition was formed at the first International Conference on Male Sexual Health in New Delhi in September 2006 to advocate for increased investment, scale-up and better policy decisions on coverage of HIV prevention, care and support services for MSM and transgender populations across the region.

An interim governing board was established on which two members of the transgender community sit to make sure that the issues of TG are heard.

Any organizations, networks or working groups can join as a member. An online election will take place sometime in the next 18 months.

Apart from the PSN, there are a lot of regional networks working on similar issues. APCOM does not aim to take over from what these networks are already doing. The goal is to partner with other networks to support regional and sub-regional development in issues surrounding MSM/HIV.

DAY TWO

Setting Two-Year Vision Plan for 2008-2010

Martha Scherzer, Deputy Chief, USCDC-GAP

Taking into consideration findings from the monitoring of the Two-Year Vision Plan, the network stakeholders together developed the next Two-Year Vision Plan for moving forward. Each country brainstormed on country-level priorities as follows:

Individual Country Priorities:

Myanmar

- Increase the number and geographical coverage of MARPs receiving any HIV/AIDS services
- MSM sero and behaviour surveillance
- Develop MSM PLHIV self-help group
- Access to treatment
- Stigma and discrimination reduction
- Capacity building for MSM community

Cambodia

- Identify the location and number of hotspots (mapping)
- Increase the number of MARPs receiving any HIV/AIDS services
- Introduce national surveillance for MSM
- MSM prevention and/or care included in most national strategies and GF applications
- NGO, CBO, GO MSM programs are trained on management skills, MME and sustainability

China

- Emphasize establishment of linkages to existing VCT services
- Help support groups to reduce stigma and discrimination for +MSM
- Incorporate MSM in national surveillance
- Mobilize and collaborate between existing MSM community
- Training and awareness for MSM, sensitizing of male sexual healthcare providers
- Evaluate local program effectiveness

Laos

- National meeting with MSM and peer educators
- Capacity building for MSM Programs. Government, NGO and MSM project staff trained on program management, implementation, M&E, sustainability, technical and advocacy skills

- Through qualitative research and analysis describe the MSM population (including sexual/social culture)
- Increase the number of MARPs receiving HIV/AIDS services
- Increase the number of male sexual health clinics and MSM prevention services (community based where possible)
- Introduce national surveillance among MSM, both sero and behaviour surveillance

Thailand (from National AIDS Plan)

- Establish a management centre for condom and lubricant funds to promote access and use of condoms and lubricant
- Provide information, and services for VCT, STIs, treatments friendly to MSM
- Develop capacity and involvement of MSM in designing programs for HIV/AIDS and STIs prevention and services
- Manage knowledge and public communications through peers and network with various formats
- Behavioral Change Communication (BCC) for safer sex practices to prevent HIV and STIs
- Develop capacity of individuals and organization working with MSM
- Frame policies that provide appropriate environment to work with MSM
- Implement advocacy campaigns on gender and sexuality to reduce stigma and discrimination in MSM population that is related to HIV/AIDS and STIs
- Collaborate with HIV, STIs and VCT working groups that are related to MSM in terms of prevention and promotion of understanding gender and sexuality such as prisoners, in-school and out-of-school youth, conscripted soldiers, etc
- Form systematic monitoring and evaluation process of MSM programs

Vietnam

- MSM prevention and care included in National Strategy
- National size estimation for number of MSM in Vietnam conducted and disseminated in 2008
- Increase the number of MSM receiving HIV services
- Increase participation of MSM living with HIV
- At least one MSM civil society organization established by 2010

Regional Working Group

- Strengthen partnerships with APCOM, GF, APN+, TSF
- Resource Mobilization – donor mapping, GF, review costing
- Technical assistance/capacity building – facilitate technical assistance for countries (based on API assessment)
- Future plan for PSN – PSN as an independent organization?
- Strengthen communication between countries through website, newsletter, information in local languages
- GIPA – Incorporate GIPA in all levels, adopt GIPA by PSN

Given the priorities identified above, the next Two-Year Vision was developed as below.

Vision Statement

The Purple Sky Network strives to decrease HIV incidence among MSM and to mitigate the impact of HIV/AIDS on MSM living with HIV and their families in the GSM by increasing access to appropriate prevention, care, and treatment services.

The PSN Approach

Through its secretariat based in Bangkok, the PSN facilitates and coordinates collaboration, communication and technical assistance with country-level working groups in the six GMS countries. The PSN supports advocacy, such as resource mobilization and policy discussions to move forward MSM priorities.

Measuring Success

In 2009, the PSN will reconvene in a regional meeting to review the following indicators:

1. Increase the number of MSM projects in the PSN countries from 63 to 125.
2. Increase the number of MSM being reached through any MSM intervention from approximately 190,000 to 400,000 (*estimated baseline established in 2007 through inventory*).
3. At least two qualitative research activities or formative assessment in each country to inform ongoing projects or new activities for MSM.
4. All countries will have regular national surveillance among MSM, both sero- and behavioral surveillance.
5. At least 150 new clinicians trained in clinical aspects of male sexual health.
6. All projects are linked to MSM friendly male sexual health services, including VCT, STI and treatment.
7. Each country has at least one model male sexual health clinic.
8. Purple Sky Network to develop basic website for sharing information, material and advocacy.
9. All countries to include MSM in their national plan.
10. At least three countries (in addition to Thailand) have developed a national level strategy for MSM.
11. GFATM (all countries to include MSM specific request in most recent GF proposal, or something about using GF money on the ground for MSM activities).
12. 70% of organizations in PSN have relationships with existing human rights commissions around issues of MSM.
13. At least 50% of staff from all PSN member programs (NGO, CBO, GO) have been trained in at least one of the following areas:
 - a. Program management (e.g., implementation, M&E, sustainability, etc.)
 - b. Technical skills
 - c. Advocacy skills
14. National targeted communication strategies for MSM in at least three countries.
15. 100% of existing projects will establish methods of distribution of condom and water-based lube; 50% of existing projects will establish a social marketing strategy for condom and lubricant distribution.
16. Targeted evaluation of at least one of the MSM project in the GMS region.

17. All countries have at least one support group for HIV positive MSM linked to basic services (including prevention, care and treatment).
18. Include positive MSM in each national working group.
19. Consensus reached on MSM size estimation development (doing individual country surveys or agreeing on %age of male population).
20. At least one additional donor to support the PSN.
21. At least 60% of the organizations in each country is actively pursuing at least one advocacy project aimed to increase access to prevention, care and treatment services for MSM.

Asian & Pacific Islander Wellness Center – API

Lance Toma, Executive Director

Lina Sheth, Director of Community Development and External Affairs

The Asian & Pacific Islander Wellness Center (API) is based in San Francisco with a mission to educate, support, empower and advocate, providing services in over 20 different Asian and Pacific languages, and has been doing MSM programs for 20 years.

API's Role with the PSN

To conduct a capacity building needs assessment, and assess training needs and develop a two year capacity building framework and recommendations for the PSN network.

Objectives:

To conduct this capacity building needs assessment and to strengthen partnerships with the PSN and other stakeholders to really build capacity in the GMS.

- Asset-based approach
- Investment in long-term local, national and regional capacity building framework
- Develop specific recommendations to the PSN
- Capacity Building Needs Assessment

Expectations from RCS

Jack Arayawongchai, PSN Regional Coordinating Secretariat Coordinator

For the RCS to serve the needs of the network better, Jack asked the participants their expectations from the RCS over the next two years. Responses were given via email after the meeting. However, they are more focused on the network itself. They include:

- Regular provision of strategic information for organizations working on MSM issues in the GMS languages. This could be a website and UNESCO can support the PSN on this starting early next year.
- A documentation of the entire process of the establishment of PSN and its achievements in the past years as a Best Practice document. This can be done as part of APCOM which is supposed to help other sub-regions organize themselves.
- The PSN to play an active role in helping APCOM establish sub-regional networks.

- Generation of donors' interest in providing more funding to support on-the-ground MSM programs.
- Support follow-on work in the network, i.e. development of a standardized training methodology for training MSM outreach and peer workers following the MSM Peer Outreach Manual.

COMMONLY USED ABBREVIATIONS AND ACRONYMS:

AIDS	Acquired Immune Deficiency Syndrome
API	Asian & Pacific Islander Wellness Centre
APN+	Asia Pacific Network of People Living with HIV/AIDS
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CBO	Community-based organization
CCU	Consistent condom use
USCDC-ARP	US Centres for Disease Control and Prevention-Asia Regional Program
USCDC-GAP	US Centres for Disease Control and Prevention-Global AIDS Program
CHAS	Centre for HIV/AIDS and STIs, Lao PDR
FHI-APD	Family Health International-Asia and Pacific Department
FHI-ARP	Family Health International-Asia Regional Program
GF	Global Fund
GIPA	Greater involvement with people living with HIV/AIDS
GMS	Greater Mekong Sub-region
GO	Governmental organization
HCMC	Ho Chi Minh City
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication material
KHANA	Khmer HIV/AIDS NGO Alliance
LYAP	Lao Youth AIDS Prevention Program
MARP	Most-at-Risk Populations
MCAB	MSM Community Advisory Board
MDM	Medecins Du Monde
MEC	Medecine De L'Espoir Cambodge
MSF	Medecins Sans Frontiers
MSM	Men who have sex with men
MSMTWG	MSM Technical Working Group
MSW	Male sex worker
NGO	Nongovernmental Organization
PLHA	People Living with HIV/AIDS
PSF	Pharmaciens Sans Frontiers
PSI	Population Services International
PSN	Purple Sky Network
RCB	Regional Coordination Board
RCS	Regional Coordinating Secretariat
RTB	Regional Technical Board
RHAC	Reproductive Health Association of Cambodia
RSAT	Rainbow Sky Association of Thailand
STD	Sexually Transmitted Disease(s)
STI	Sexually Transmitted Infection(s)
TSF	Technical Support Facility
TUC	Thailand-US CDC Collaboration
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development

VCT
WB
WG

Voluntary counselling and testing
World Bank
Working Group



Purple Sky Network
Regional Network Meeting
“Stronger Together”
30-31 August 2007

Concept Paper

Background:

In the Greater Mekong Sub-region (GMS), HIV infection rates among men who have sex with men (MSM) have been steadily rising in recent years. A 2005 study in Thailand found that about one in three (28.3%) Thai men who have sex with other Thai men were HIV positive; this represented a 64% increase from the previous two years.¹ Similar research in neighboring countries in GMS also showed alarming HIV infection rate mirrored by high level of risky behaviors.

HIV prevention and treatment programs targeting MSM in the GMS share common barriers. Sex between men remains shrouded in shame, silence, and stigma, which, in turn, inhibits access to services. Reported condom use is low among MSM with multiple sex partners. Those MSM who are married remain difficult to reach with prevention, education, and treatment, leaving them and their families vulnerable to infection. And finally, the paucity of reliable data on MSM themselves in the GMS limits the efficiency and strategic effectiveness of planned programs.

Recognizing the urgency in responding to the MSM issues in the sub-region, USAID-RDMA, USCDC-GAP, FHI/ARP and UNESCO organized two consultative meetings in 2005, joined by participants from government and non-government sectors and donors from all the GMS countries and beyond. The meetings led to agreement on a “Two-Year Vision Plan” for common goals and strategies to decrease HIV prevalence among MSM as well as to mitigate the impact of HIV/ AIDS on MSM living with HIV/AIDS and their families in the GMS. Participants also realized the necessity of a regional coordination body to facilitate sharing of experiences and lessons learned to strengthen regional and in-country capacity in prevention, care, support and treatment services for MSM in the GMS. Since its inception, the Regional Coordinating Secretariat (RCS) has been providing administrative, technical and network development and maintenance support to the country working groups.

In August 2006, the first regional network meeting was held and it was at this meeting that participants agreed to formalize themselves as the Purple Sky Network. In its effort to help develop and strengthen in-country networks, the RCS provided support to organize provincial and country-level meetings to help establish technical working groups and develop a strategic framework in Yunnan, Guangxi and Lao PDR. Recently, the RCS supported two meetings for MSM organizations in Thailand to finalize the MSM implementation plan which is part of its National AIDS Plan. In addition to the Secretariat’s support to the provincial/country working groups, the Purple Sky Network itself has served as a platform for regional/inter-organizational collaboration.

¹ Van Griensven F et al. Epidemiology of HIV/STI in MSM in the Greater Mekong Region (GMR). *What do we know. HIV Prevalence Among MSM Populations in Bangkok, Thailand 2005*. HIV Prevention, Care, and Treatment for MSM. Vietnam, Ho Chi Minh City. September 2005.

² Monitoring the AIDS Pandemic Network. *HIV infection and AIDS in the Americas: lessons and challenges for the future*. Havana, MAP and Latin American and Caribbean Epidemiologic Network, EpiNet. 2003 and Van Griensven F et al. Prevalence and risk factors for HIV infection among men who have sex with men in Bangkok. XV International AIDS Conference Abstract WePpC2068. Bangkok. July 2004

³ Van Griensven F et al. *ibid.*

This is reflected in the joint efforts in organizing the Regional Advocacy Training in April 2007 which was coordinated by HPI, FHI and the Purple Sky Network, and also the Meeting to Review a Standardized Manual for Peer Educators and Outreach Workers by UNESCO in collaboration with the Purple Sky.

Two years after this regional initiative first started, and with the Purple Sky Network approaching its first anniversary, we recognize that the network still needs further strengthening, in part by assessing what has been achieved against the two-year vision plan and by developing a new vision plan for the next two years. Thus, the RCS proposes to organize the second regional network meeting on 30-31 August 2007 in Bangkok, Thailand.

Partners:

The Regional Coordinating Secretariat will coordinate with USAID/RDMA, US-CDC/GAP, FHI/ARP, Pact, UNESCO and HIV/AIDS Alliance, all the country/provincial focal points and country/provincial working groups within the Purple Sky Network to organize this meeting.

Participants:

Representatives from the MSM communities, local governments, international NGOs working on MSM in the GMS countries will be selected through coordination by the country focal points and the country working groups. Participants will also include friends and partners in the region who work on MSM issues both locally and regionally.

Specific Goals:

The following are the specific goals of this network meeting.

- To further strengthen networking among MSM working groups in the region.
- To share findings from the two-year vision monitoring and the regional interventions mapping update.
- To assess what has been achieved against the current two-year vision plan and develop the next two-year plan.
- To promote regional collaboration and identify technical assistance needs through the launch of the needs assessment project by the Asian Pacific Islander Wellness Center (API) from San Francisco.

The first day of the meeting will be dedicated to sharing the findings from the monitoring of the two-year vision plan and the results of the updated regional inventory of HIV interventions among MSM, a regional epidemiological update, the results from the Sex Alert Targeted Multimedia Campaign, a follow-up activity on the Regional Advocacy Training, a presentation on the APN+ Regional MSM Network and possible links with PSN, an introduction to Behavior Change Communication, amfAR Global MSM Initiative and the formalization of the roles and responsibilities of the country focal points. The second day will focus on the development of the next two-year vision for 2008-2010, the capacity needs assessment project by the Asian Pacific Islander Wellness Center from San Francisco and the expectations from the Secretariat in the next two years.

For the network to be stronger and this meeting to be successful, it is vital that all the stakeholders, be it the community, governments, or NGOs, take part in this meeting. All the voices, inputs and experiences count in moving forward as well as in developing and achieving the next two-year vision together.



**Purple Sky Network Meeting
30-31 August 2007
Bangkok, Thailand**

“Stronger Together”

Thursday, 30 August 2007:

Time	Agenda	Facilitator/Speaker
08:00 – 08:30	Registration	Dear & Nun
08:30 – 09:00	Welcome & Introduction	Jack Arayawongchai
09:00 – 09:30	Regional Epidemiological Update	Dr. Frits van Griensven
09:30 – 10:00	Sex Alert Targeted Multimedia Campaign: What we found?	Philippe Girault
10:00 – 10:20	Country Update: Cambodia	Country Rep
10:20 – 10:40	Country Update: China (Yunnan & Guangxi)	Country Rep
10:40 – 10:55	Break	
10:55 – 11:15	Country Update: Laos	Country Rep
11:15 – 11:35	Country Update: Myanmar	Country Rep
11:35 – 11:55	Country Update: Thailand	Country Rep
11:55 – 12:15	Country Update: Vietnam	Country Rep
12:15 – 13:15	Lunch	
13:15 – 13:45	Two-Year Vision Plan: What have we achieved?	Philippe Girault
13:45 – 14:30	Advocacy: What's next?	Brad Otto
14:30 – 15:00	APN+ Regional MSM Network: Recommendations & Links to PSN	Aung Myo Htut
15:00 – 15:15	Break	
15:15 – 15:45	Behavior Change Communication: The Introduction	Martha Scherzer
15:45 – 16:15	amfAR Global MSM Initiative	Kevin Frost
16:15 – 16:45	Formalization of Roles & Responsibilities of PSN Focal Points	Jack Arayawongchai
16:45 – 17:00	Wrap-up	
19:00 – 21:00	Welcome Dinner: Cultural Night with country performances	

Friday, 31 August 2007:

Time	Agenda	Facilitator/Speaker
08:30 – 08:45	Recap of Day One	Jack Arayawongchai
08:45 – 10:30	Setting Two-Year Vision Plan for 2008 - 2010	Elden/Martha
10:30 – 10:45	Break	
10:45 – 12:00	Report-backs	Elden/Martha
12:00 – 13:00	Lunch	
13:00 – 16:00	API Introduction Capacity Building & Technical Assistance Session	API
16:00 – 16:45	Final Goals for 2008 – 2010	Elden/Martha
16:45 – 17:15	Expectations from the Secretariat in the Next Two Years	Jack Arayawongchai
17:15 – 17:30	Till we meet again...	Kevin Frost

Terms of Reference

Purple Sky Network Country Focal Points

The Purple Sky Network (PSN) is a network of HIV interventions for MSM in the Greater Mekong Sub-region (GMS) working towards the goal of reducing HIV infections among MSM populations in the region through collaborations and information sharing. Formalized in August 2006, the PSN consists of all stakeholders represented by the governments, international NGOs and local community-based organizations and workgroups.

The GMS covers mostly countries in South East Asia; namely, Cambodia, Laos, Myanmar, Thailand, Vietnam, the southern provinces of Yunnan and Guangxi in China. Each respective country/province forms the PSN which is coordinated by the Regional Coordinating Secretariat (RCS) hosted by TREAT Asia in Bangkok. The RCS is supported by a Regional Technical Board (RTB) which consists of international organizations working on MSM in the region. Currently, these include:

1. The United States Agency for International Development/Regional Development Mission Asia (USAID/RDMA)
2. The United States Centers for Disease Control and Prevention/Global AIDS Program (USCDC/GAP)
3. Family Health International/Asia Regional Program (FHI/ARP)
4. UNESCO
5. Populations Services International (PSI)
6. Asia Pacific Network of People Living with HIV/AIDS (APN+)
7. International AIDS Alliance
8. Pact
9. Health Policy Initiative
10. UNAIDS
11. Burnet Institute

The RCS provides support to the network in the administrative, technical and network development and maintenance areas.

Each country (Thailand, Cambodia, Myanmar, Vietnam and Laos) has formed a National Working Group (NWG) which includes various in-country stakeholders. With regard to China, Provincial Working Groups have been established in Guangxi and Yunnan provinces. Coordination within each country/province is coordinated by a country/provincial Focal Point (FP), elected by the national or provincial WG. The FP serves as the conduit for communications between the RCS and the country networks as well as among the regional network itself.

These Terms of Reference outline the roles and responsibilities for the county/provincial FPs who are the key network facilitators in each country/province.

Responsibilities of the Focal Points

- To serve as the coordinator for the national or provincial MSM network.
- To facilitate information sharing between the country network and the regional network.
- To act as a main channel of communications within the country network and the regional network in order to promote networking at both local and regional levels.
- To ensure fair and transparent involvement of national/provincial WGs in connection with any network activities, be it regional, country or provincial.
- To feedback to the RCS issues from the country or provincial networks that need the RCS's attention.
- To coordinate selection of participants from country/provincial networks for PSN-related meetings and workshops.
- To ensure the rules of good governance are upheld within the country/provincial networks.
- To work with the RCS coordinator on regional issues as required.

Criteria and Qualifications of the Focal Points

- The FPs are drawn from the countries making up the PSN.
- There is one country/provincial FP at one time. However, the NWG can also decide to select an assistant/deputy to the FP.
- The FP must be selected by the national/provincial working group.
- The FPs are selected for a one-year term and may be selected for two consecutive terms only.
- Willingness to commit the time necessary as an FP.

- Good English communication skills.
- Willingness to work in a manner which is not biased and judgmental and reflects the needs and priority issues of their national/provincial networks and the regional network.

Activities of the Focal Points

- Email correspondence with the RCS and the regional network.
- Keep up to date with the PSN activities and progress.
- Keep their country partners and stakeholders informed of the PSN activities and updates through regular communications channels.
- Share information and updates from their countries/provinces with the regional network on a regular basis.
- Participate in teleconference calls when required.
- Attend an annual face-to-face meeting between all the FPs and the RTB.
- Coordinate selection of participants for regional meetings, workshops and trainings.

Annex 4**Participant List**

Country	S/N	Name	Affiliation	E-mail
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