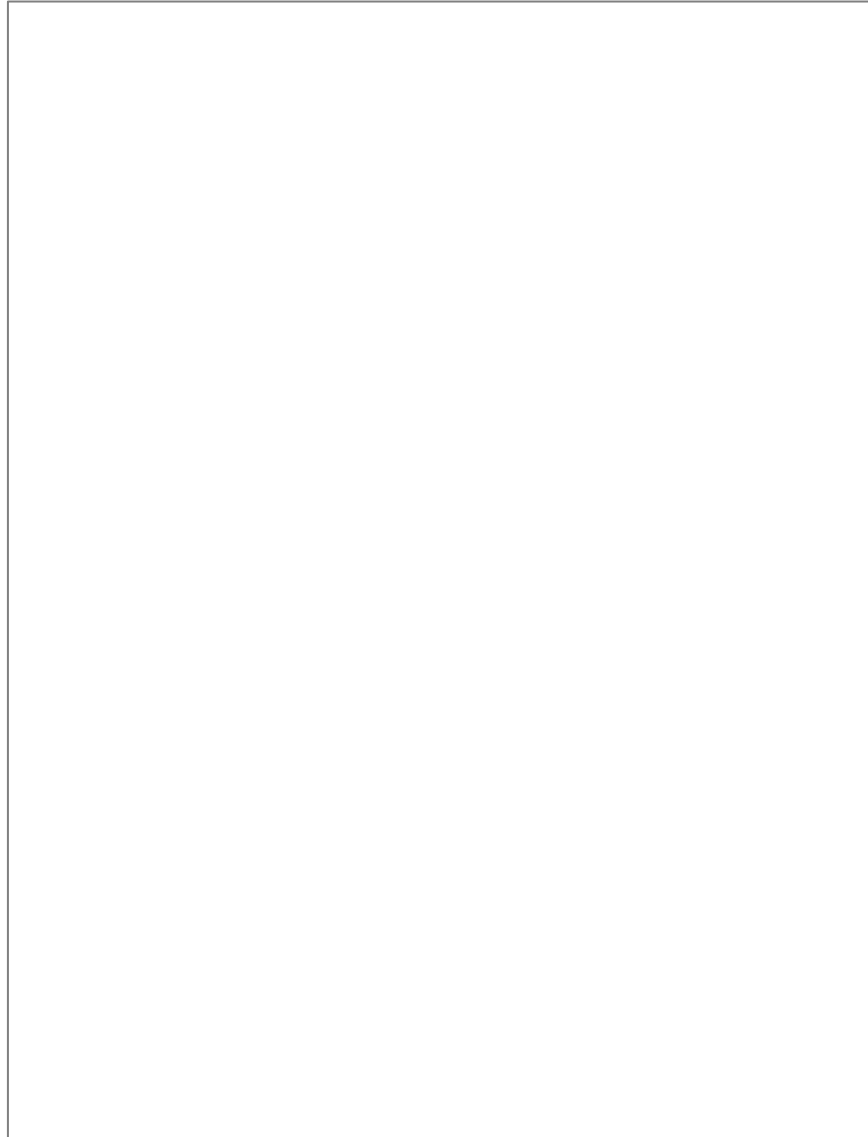


**Report from
Regional Network Meeting
HIV Interventions for MSM in the Greater Mekong Sub-region
31 July – 1 August 2006
Bangkok, Thailand**



The Purple Sky Network

Acknowledgments

Represented by over 60 participants from community-based organizations, governmental and non-governmental organizations as well as donors from Cambodia, China (southern provinces of Yunnan and Guangxi), Laos, Myanmar, Thailand and Vietnam, this regional network meeting could have not been possible without everyone involved.

Primary financial support and technical input were provided by the United States Agency for International Development/Regional Development Mission/Asia (USAID/RDM/A), the US Centers for Disease Control and Prevention Global AIDS Program (CDC-GAP) and Family Health International Asia Regional Program (FHI-ARP) who in the beginning took the initiative that has brought us this far today.

In addition to support from the RCS, several organizations contributed to the meeting by underwriting the expenses for some participants. This generosity came from FHI Cambodia, FHI China, CDC Vietnam, UNAIDS Vietnam, CDC-ARP as well as our Thai representatives in Bangkok who supported themselves to attend the meeting.

A lot of informative and knowledgeable presentations were given thanks to the following participants: Asia Nguyen, Dr. Frits van Griensven, Habibur Rahman, Kevin Frost, Martha Scherzer, Matt Avery, Nguyen Cuong Quoc, Philippe Girault, Rapeepun Jommaroeng, Siam Arayawongchai, Dr. Sisavath Manivong, Sum Thy and Tap Catalla. These presentations are available online at <http://web.amfar.org/treatment/treatasia/msmbangkok2006/index.html> or write to siam.arayawongchai@amfar.org.

Special thanks to Silom Community Clinic, SWING and Rainbow Sky Association of Thailand who opened their houses and gave the participants the opportunity to see first-hand a collaboration between the community and the government in running such an innovative clinic and learn about two CBOs who have been successful in setting up their organizations and very active on the intervention front.

Finally, this regional network meeting could have not been possible and successful without participation of all of us who were there, including our friends from Malaysia. Thank you everyone for your hard work in preparing all the presentations in a rather short notice. Thanks to our friend Paul Causey who contributed his expertise in organizing this meeting and TREAT Asia staff for all the logistics support. And, thanks to the rest of us whose names could not all be mentioned here for being part of this together.

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Executive Summary

The Regional Network Meeting on HIV Interventions for MSM in the Greater Mekong Sub-region was convened on 31 July – 1 August 2006 in Bangkok, Thailand. This regional meeting represents the first meeting following the creation of the Regional Coordinating Board, a coordinating mechanism requested by the participants in the last August consultative forum to facilitate the achievement of the two-year vision plan and the country workplans.

During this two-day network meeting, over 60 participants gathered from different local community-based groups in the region, representatives from governments, NGOs, donors and experts. The group was given an update on HIV epidemiology among MSM in the GMS by Dr. Frits van Griensven of the US Centers for Disease Control and Prevention who cautioned that the alarming HIV prevalence of 28.3% among MSM in Bangkok that was revealed in 2005, if left unchecked, could easily rise to 42.1% by 2007. Participants, some of whom were new to the process and the network, learned about the history of the Regional Coordinating Board as well as its roles and responsibilities as the facilitator for the network, in addition to TREAT Asia who serves as the Secretariat for the region.

Each country working group updated the audience on the progress made against its country workplan. Some have made concrete and remarkable progress whereas others did so to a more limited extent due to available resources and capacity. One country decided to pursue a new strategic plan.

At this meeting the participants had the opportunity to learn about an innovative approach of a community STI clinic that caters exclusively for MSM and to see first-hand two local CBOs who have been successful in setting up their organizations and very active at the intervention front.

In addition to country updates, some working groups shared their innovative approaches to move HIV intervention efforts for MSM forward. These include the National Workshop on HIV/AIDS Prevention, Care and Treatment for MSM in Vietnam that drew together diverse participation from different government agencies and the media, and the National MSM Network Election, a ground-breaking and first-of-its-kind election in Cambodia through a concerted collaboration of 11 NGOs that led to the establishment of the National MSM Network Committee. In addition, Thailand shared its experience in setting up a network, explaining characteristics of a network, what to anticipate, the advantages of having a network to challenges faced along the way.

This network meeting also gave the participants a capacity building opportunity as they learned more about the importance of evidence-based interventions and the different types of interventions in order for them to understand and be able to implement intervention activities more effectively.

The participants also got to network based on topics of interest to share experience learned in different settings with one another and develop a network for future collaboration and assistance in specific areas of interventions. In addition to topical networking, the participants developed an identity for the entire group, now formalized as “The Purple Sky Network”.

With new knowledge gained, experiences shared, information updated, increased awareness of the situation at the regional level, connections developed and a network established, many of the participants left the meeting with more energy and commitment to continue work in their own countries to strengthen intervention efforts and deliver more for MSM as well as to continue to participate in this regional network.

Introduction

The “*Regional Network Meeting – HIV Interventions for MSM in the Greater Mekong Sub-region*,” was held on 31 July – 1 August 2006. This meeting resulted from a February 2005 workshop which led to the two-year vision for MSM interventions in the GMS; and the regional consultative forum in August of 2005, which expanded to include government participation from the GMS countries and brought about country-specific workplans. This July 2006 meeting was the first convened following the establishment of the Regional Coordinating Secretariat, initiated at the request of the participants from the last August meeting. Mostly represented by members of the country working groups formed at the August 2005 consultative forum, participants were drawn from local community-based organizations, governmental and non-governmental organizations (local, regional and international) as well as donors and experts in the region. Some of the participants had attended the previous two meetings in 2005.

This meeting was considered a step geared toward strengthening a regional network that draws upon local and regional human resources capacity in advocating for the reduction of HIV and STI transmission and better HIV/AIDS prevention interventions as well as care and support services for MSM.

This two-day regional network meeting aimed to:

1. Strengthen networking among MSM working groups in the region.
2. Share information about MSM issues across the region.
3. Formalize the roles and responsibilities of the Regional Coordination Board (RCB), Regional Coordinating Secretariat and country working groups.
4. Revise regional and country two-year vision plans for HIV intervention for MSM.

Day One

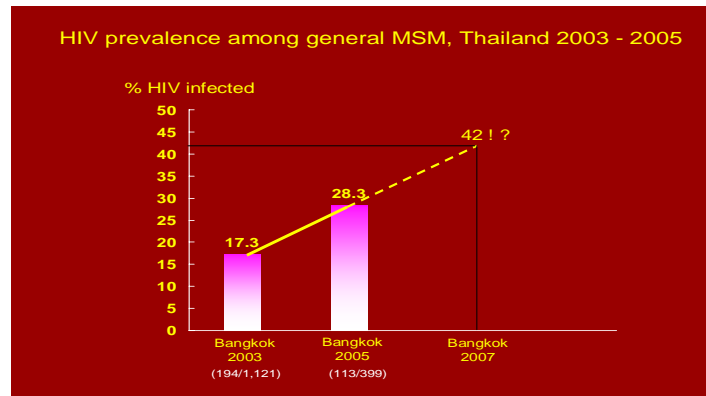
Research Update

The high HIV prevalence of 28.3% among MSM in Bangkok revealed at the August meeting in 2005 by Dr. Frits van Griensven from the Thailand MOPH-U.S. CDC Collaboration (TUC) sent out an alarm to the region. The figure represents a 64% increase from a prevalence of 17.3% that was revealed only two years prior. At this meeting, Dr. Frits van Griensven presented more information focusing on epidemiology of HIV infection among MSM in the GMS countries.

According to data from UNAIDS, infection rates in Asia have increased from 6 million in 2003 to more than 8 million in 2005. The number in the Greater Mekong Sub-region, however, has slightly come down, possibly due to death and hopefully prevention efforts. As for MSM, some studies have been conducted during 2003 – 2005 among different MSM populations and findings confirmed increased infection rates in all of the GMS countries, with Thailand still the epicenter of the epidemic.

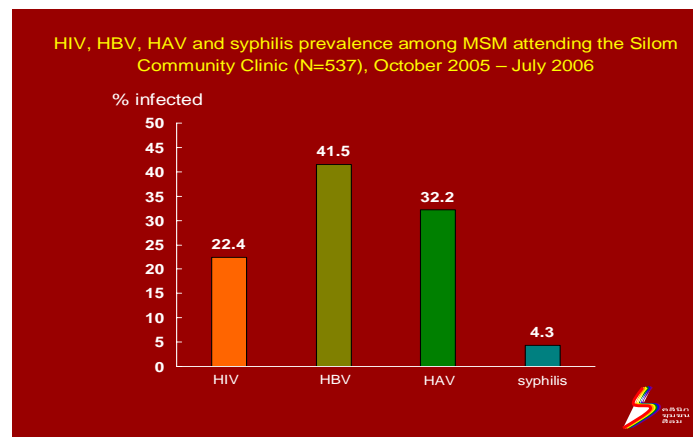
Alongside the increased HIV prevalence among men who have sex with men, risk behaviors still prevail in this region. Levels of condom use vary but remain at only 40-50% with casual partners and around 20-30% with steady partners. Up to 40% of bacterial and viral STIs have been reported, while awareness of HIV current status is low and sexual partner turnover is high. Other behaviors common to MSM in Asia include bisexuality and sex with transgenders, and men's engagement in sex for money, gifts, favors or other forms of compensation. On the positive side, the use of drugs for sexual pleasure, endurance and enhancement has not yet become common.

Dr. Frits cautioned that at the current rate of new infections, and if left unchecked, HIV prevalence among MSM in Bangkok could easily increase to 42.1% by 2007.



In addition to regional epidemiological information, Dr. Frits also introduced Silom Community Clinic, a research initiative of the TUC that provides counseling and testing services including HIV VCT, CD4 count, TB evaluation, ARV referral, HBV testing and vaccination, HAV, syphilis and syndromic STI evaluation, all free of charge. In running the clinic and implementing its activities, the clinic has developed relations with CBOs as well as the MSM Community Advisory Board (MCAB).

The clinic was developed as a research site with the aim of enrolling 1,450 MSM in a cohort study to assess HIV and STI incidence. To enroll, clients have to learn about the overall activity, consent to participate, fill out behavioral information using Audio Computer Assisted Self Interview (ACASI) and undergo a physical examination. Clients enrolled must be willing to come back every four months for follow-up and monitoring for a period of two years. Based on data collected between October 2005 and July 2006, the graphic below shows prevalence of HIV, HBV, HAV and syphilis among this cohort.



How We Got Here: History of the RCS

The Regional Coordinating Secretariat (RCS) is an initiative that resulted from the two consultative meetings held in 2005. The RCS itself is new to many of the participants, many of whom became members of the network shortly before this regional meeting was convened. To refresh memory and give all the members a better understanding of the RCS, Martha Scherzer,

Associate Chief of CDC-ARP and member of the Technical Committee, who has been involved in the process from the beginning, gave the audience a summary of how the RCS came into being.

The process started after the first TUC data on a high HIV prevalence of 17.3% among MSM in Bangkok in 2004 was reported, after which CDC and USAID came together with FHI and UNESCO to talk about what could be done. At that time a regional approach was seen as needed, given the epidemic among MSM being prevalent in all GMS countries. This initial initiative led to the first consultative meeting “Strategizing Interventions among MSM in the Greater Mekong Sub-region” held 28 February – 2 March 2005. Joined by over 50 participants who mostly were experts familiar with MSM and HIV Interventions in the region, the first meeting led to the identification of gaps in information, an agreement on a “minimum package” of interventions for MSM, and a two-year vision of what HIV interventions could be instituted given limited resources available.

Subsequently, a second meeting entitled “HIV Prevention and Care Interventions for MSM in the Greater Mekong Sub-region, Regional Consultative Forum” was held in Bangkok during 15-16 August 2005. Participation was expanded to include over 120 representatives from civil society, governmental organizations and donors. The two-year vision was confirmed and each country formed a working group and came up with their own country-specific workplans that prioritized intervention strategies against the regional two-year vision. As a result of the second meeting, the Technical Committee, consisting of representatives from UNAIDS, USAID, CDC, PSI, Policy Project, APN+, UNESCO and FHI, expanded to include representatives from the country working groups and became the Regional Coordination Board. The participants also requested a coordinating mechanism to facilitate the activities of the working groups that aim to achieve the two-year vision and country workplans. Such a coordinating mechanism has developed into the Regional Coordinating Secretariat.

The two meetings in 2005 and the advent of the RCS have yielded important advances such as the inclusion of MSM in national AIDS plans in most GMS countries, working groups that include GOs and NGOs in all the countries and this first regional network meeting.

Understanding TREAT Asia

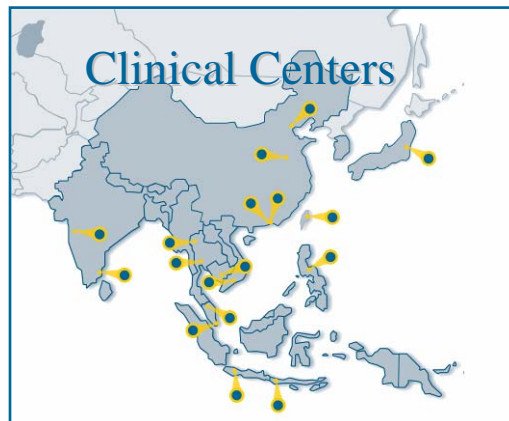
Though selected by the Regional Coordination Board to serve as the RCS, very few of the participants know about TREAT Asia. Kevin Frost, TREAT Asia Director and amfAR’s Vice President of Global Initiatives, introduced TREAT Asia and amfAR to the participants.

TREAT Asia is a program of amfAR, a New York based non-profit organization founded in 1985 and dedicated to the support of AIDS research, prevention, treatment education and advocacy of sound AIDS-related public policy.

With a belief that there would be a shift in the epidemic from Africa to Asia due to population size, TREAT Asia established its presence in Asia 6 years ago with its focus on building capacity to deliver safe and effective HIV/AIDS treatment. Since its inception, TREAT Asia has been coordinating a number of initiatives:

TREAT Asia set up a regional network of clinical centers to collaborate and to help build capacity around treatment.

TREAT Asia regional clinical collaboration



Education and training programs included the Cambodian National Physician training, the HIVeEducation Pilot Program in Pune, India and Physician Training Workshop in northern Vietnam. In support of public policy, TREAT Asia has conducted the Beijing Workshop on Treatment Policy, TREAT Asia Special Report on the Need to Train Healthcare Workers and the TREAT Asia Special Report on HIV Among MSM in Asia.

In terms of Research, TREAT Asia has developed:

- TAHOD: a longitudinal cohort involving 16 centers with over 3,000 patients.
- TASER: a Dutch government grant supporting the establishment of a network for drug resistance and transmission study
- TAQAS: a quality assurance scheme for laboratories around resistance testing.

To strengthen civil society, a number of projects have been initiated including 4 countries pilot project in China, programs in Cambodia, Thailand and Vietnam and the Asian Community for AIDS Treatment and Advocacy (ACATA). The Regional Coordinating Secretariat undertaking is in line with TREAT Asia's policy to strengthen civil society.

Roles and Responsibilities of the RCS

At the request of the participants from the second meeting in 2005 for a coordinating mechanism to facilitate the two-year vision plan and country workplans, the RCS was established with a goal to enhance and strengthen the capacity of the regional and in-country MSM working groups in developing and advocating for appropriate and effective programs, services and policies for reducing HIV and STI transmission among MSM in the GMS.

Overseen by the Regional Coordination Board, the RCS primarily serves as the facilitator of the network, providing support in 3 key areas.

- 1) Operational and Administrative Support
 - In consultation with the RCB, establish the mission and principles of the RCS.
 - Recruitment and provision of capacity building for a program coordinator.
 - Sets up policies, procedures and monitoring systems for day-to-day operation and management of the Secretariat.
- 2) Technical Support
 - Facilitation, establishment and/or strengthening of in-country working groups.
 - In collaboration with the RCB and country working groups, facilitates the development of regional and country workplans.
 - Monitoring of progress against the workplans and the two-year vision plan.

- Provide technical assistance that suits the needs of the working groups.
- 3) Network Development and Maintenance Support
- Maintenance of regular contact with in-country working groups to guide, support and encourage full participation in MSM interventions.
 - Development of communication mechanisms for effective communication and improved information sharing among the groups.
 - Organization of regular meetings regionally and in-country.

The country working groups are responsible for the following:

- Regular attendance at meetings.
- Information sharing.
- Periodical activities report.
- Commitment to continue RCS work.

Where We're At: Country Update

As mentioned earlier, each GMS country has its own country workplan on HIV interventions for MSM. This meeting gave the participants an opportunity to update one another on the progress they have made against their own workplans.

Thailand :

The Thailand working group reported on some progress of the workplan established at the August 2005 meeting as follows:

- A total of 6 sensitization training for VCT staff were conducted in Bangkok, Chiangmai, Pattaya and Phuket.
- Many posters were produced to promote VCT referrals.
- An increased number of clients using VCT services.
- 2 seminars held with policy makers, public health parliamentarians and Bangkok Metropolitan Administration representatives.

The Thailand working group has been involved in the National AIDS Plan process which has resulted in a new national AIDS plan called the Universal Access Plan with a national goal to reduce new infection rate among MSM by 50% by 2010.

According to the new draft plan, some output indicators have been set forth as follows:

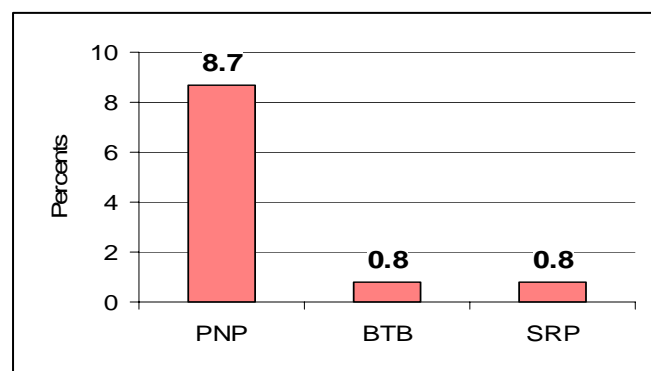
- 80% of surveyed MSM acquire knowledge, skills, condoms and lubricants through peer education and outreach activities.
- 80% of surveyed MSM are exposed to targeted communication for behavioral change.
- Increased HIV, STIs and VCT services: 60% of surveyed MSM undergo an HIV test through VCT in the past 12 months, 80% of surveyed MSW and TG sex workers are screened for STI 4 times in the past 12 months, and 80% of clinical settings for MSM meet minimum standards that include MSM friendly environment and non-stigmatizing service criteria.
- 90% of surveyed MSM can access condom and water-based lubricant when required and 90% of surveyed MSM use condom in last anal sex with male partners.
- 100% of targeted provinces establish a network consisting of CBOs, NGOs, PLHA groups and private sector agencies working on MSM interventions.
- 100% of targeted provinces implement at least one structural intervention in entertainment venues.
- 50% of targeted provinces integrate MSM in HIV surveillance system and 100% of targeted provinces develop operational M&E system.

Cambodia:

According to the national STI Sentinel Survey by the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), most MSM in Cambodia are young, with two-thirds aged between 15 – 25. About 5 – 10% is married, 25% are students, and 6% are sex workers. MSM in Cambodia face multiple vulnerabilities and risks associated with HIV infection. Due to high stigma and discrimination many MSM remain hidden, making them harder to reach with HIV prevention messages. Access to health care is limited as few facilities provide services specific to MSM, thus creating a lack of awareness of STI signs and symptoms. Low knowledge and understanding of HIV fosters misconceptions as one-third of those surveyed believe they are at a lower risk than heterosexuals. Unprotected anal and oral sex as well as inconsistent condom use are common.

In terms of HIV prevalence, an FHI survey in 2000 revealed 14% of MSM in Phnom Penh were positive. A recent survey in 2005 found an HIV prevalence of 9% among MSM in Phnom Penh.

HIV Prevalence among MSM in Phnom Penh and the provinces



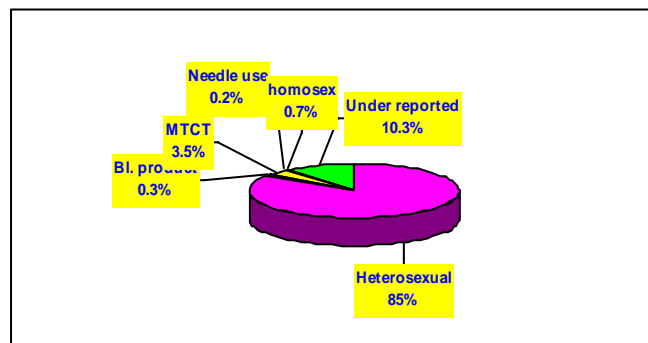
The Cambodia working group has made significant progress against its MSM workplan:

- MSM identified as a most at risk population in National AIDS Authority's National Strategic Plan for 2006 – 2010.
- 5-year target: 75% of visible MSM exposed to HIV prevention interventions.
- Global Fund Round 6: scale up of MSM interventions prioritized.
- National MSM Network Election: 30 June 2006
- Improved understanding of MSM issues include a UNESCO study on "Ethnography of Male to Male Sexuality in Cambodia – 2005", FHI qualitative study: size estimation and sex trade among MSM – 2004, Risk Behavior by Policy Project, inclusion of MSM in national STI Sentinel Surveillance and possibly in the national Behavioral Sentinel Surveillance next year.
- More NGO involvement: KHANA, FHI and CARE supporting more new local NGOs and strengthening existing ones.
- Government STI clinics in 5 provinces catering for MSM needs, in addition to private clinics such as MEC, PSF and RHAC.
- Better coordination and advocacy for MSM: high support from National AIDS Authority, MSM Network to link up with Human Rights organizations, government participation in National MSM Consultation meeting held by UNAIDS in June 2006, and an MSM Network Coordination Group consisting of KHANA, FHI, UNAIDS, CARE and PSI providing technical support to MSM Network.

Lao PDR:

According to Dr. Sisvath Manivong, representative from the Center for HIV/AIDS and STIs (CHAS), there is no official size estimation for MSM in Laos and MSM have yet been captured by the National HIV/AIDS Surveillance. However, CHAS found that 60% of HIV infections in 2005 were among men, out of which only 0.7% were known to have been transmitted through male-to-male sex behaviors.

Mode of HIV Transmission



Collaborations are under way in Laos with the following three organizations working with the government on MSM and HIV/AIDS activities.

- LYAP (Lao Youth AIDS Prevention Program): outreach and peer education
- Burnet Institute: research and peer education
- PSI: outreach, awareness raising, condom promotion and IEC production (Two MSM drop-in centers have been established in Vientiane and Savannakhet in 2006 by PSI.)

A study by the Burnet Institute found that 18% of young Vientiane men of between 18 – 30 years of age have at least one experience of sex with another man, leading to an orgasm. A significant number of men who have sex with other men also have sex with women and do not necessarily identify themselves as gay. There is little social support for condom use. In addition to existing research, UNAIDS supported a qualitative study on MSM and HIV in 2006 which was being finalized at the time of this meeting. Also, in collaboration with CDC Bangkok, CHAS will conduct a survey on HIV prevalence among MSM by the end of 2006.

For the first time ever, MSM have been included as a target group for prevention in the National Strategy and Action Plan on HIV/AIDS and STIs for 2006 – 2010. In addition to more research on MSM, discrimination reduction, revision of National Policy on HIV/AIDS and STIs pertaining to MSM and Kathoeyes, and establishing pilot projects in key locations, the National Strategic plan also will expand prevention, care and support activities. By 2010, the plan aims to achieve:

- 70% of MSW in targeted locations use condoms consistently.
- 80% of Kathoeyes in selected locations use condoms consistently.
- Evidence-based information on MSM and Kathoeyes is available and programmatically used.

As against the country workplan, Laos has achieved the following:

- 90 peer educators have been trained in three provinces.
- 1,300 young MSM have been reached by peer educators.
- Counseling, testing and treatment services have started.

Vietnam:

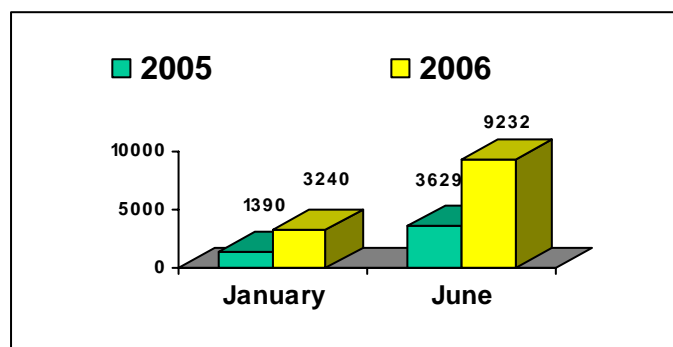
Like all other countries in the region, Vietnam has faced a number of challenges in MSM programming, from finding appropriate services responding to MSM needs, to a shortage of funding to expand MSM interventions. There was a lack of National Action Plan for MSM while strong stigma and discrimination prevailed. Also, lack of formal and experienced local CBOs/NGOs working on MSM interventions led to insufficient local technical resources.

In response to these challenges, the Vietnam working group has set forth guidelines for future directions in dealing with MSM issues. These include:

- Create positive environment for MSM to access supportive services.
- Scale up MSM interventions and expand coverage significantly.
- Standardize and deliver “essential package” of services to reach high risk and hidden MSM.
- Conduct size estimation and psychosocial research.
- Increase experience-sharing and dissemination activities to build capacity of MSM.
- Facilitate the formation of CBOs/NGOs, run by and for MSM.

The following progress was made against the Vietnam workplan.

Comparison of cumulative MSM reached in 2005 and 2006



Intervention coverage:

- MSM population sites in 5 provinces.
- Peer outreach programs in 5 provinces, carried out by 78 peer outreach workers.
- Drop-in centers in 4 provinces, run by 20 staff.

Policy changes supportive to MSM:

- Inclusion of MSM in Party Directive No. 54-CT/TW as a “high risk group”, issued on 30 November 2005.
- New HIV/AIDS law approved 21 June 2006 with full package of harm reduction components.
- MSM included in the draft National Action Plan on Harm Reduction.
- MSM indicators included in the draft National M&E Framework.
- MSM surveyed in the recent IBBS for Hanoi and Ho Chi Minh City (2006).

MSM TWG activities:

- 1st National MSM collaborative meeting held in HCMC in September 2005.
- MSM satellite meeting included in 3rd National Scientific Conference on HIV/AIDS in HCMC in November 2005.
- MSM technical working group retreat held in Hoi An, June 2006.

China (Yunnan & Guangxi):

In the southern province of Yunnan, home to a population of roughly 40 million, five community organizations are working on HIV/AIDS prevention for MSM, providing a range of activities and services to keep with the minimum package for the Greater Mekong Sub-region. Like all its GMS neighbors, stigma against PLHA and MSM prevails. Lack of risk perception and STI knowledge fosters high risk behavior and prevents MSM from seeking services.

Five organizations including Yunnan Tongzhi Net, Colorful Sky, Dali Good Friends, Spring Rain and Honghe Brothers Care have been carrying out a wide range of project activities in Yunnan since 2005, from dissemination of HIV/STI prevention information and condoms & lubricants, STI service referrals, VCT referrals to government-supported HIV testing centers, to community meetings, provision of legal counseling and researches on size estimates, needs assessments, behavioral surveys and qualitative research by working groups in the province to better understand the MSM community.

The activities have yielded the following outputs.

- 149 volunteers/PE trained and 7,085 MSM reached.
- 3 activity centers and 1 website
- 11 population centers covered by activities.
- Cooperation with 3 STD clinics
- 312 MSM received STI and 360 MSM received VCT services.

In terms of progress against the country workplan, Yunnan has seen an increase in coverage and range of services, increased knowledge of the MSM community and a clear progress toward building an MSM network. These include:

- More locations and populations (MSW, TG) covered.
- Expanded services to include STI, PLHA care and treatment, legal assistance, and programs linked to services.
- Better understanding of MSM among the general public.
- Coordination meetings at national and provincial levels.
- Capacity building and training on project management, technical skills and advocacy.
- MSM have greater trust in working groups and become more willing to access services and be involved in project activities.

Though with some progress witnessed, challenges still remain.

- MSM still not included in surveillance system; discussion under way.
- Online MSM difficult to reach.
- MSM not accepted by the wider community.

In Guangxi, FHI has begun some interventions in Nanning, the provincial capital. Two MSM groups are also being formed.

Myanmar:

Habibur Rahman, Manager of the National Targeted Outreach Program, PSI Myanmar, stated that prevention intervention efforts have been carried out in Myanmar by the several organizations which include:

Organization	Activities	Sites
PSI	Drop in Center, VCT, STI, peer outreach, condom and lubricant "SM"	17 sites
MDM	Drop in Center, VCT, STI, peer outreach, condom distribution	2 sites
AZG	STI, VCT, ART, peer outreach, condom distribution	4 sites
Alliance	MSM community mobilization for safer sex, development of social network, peer facilitators training	3 sites
CARE	Outreach, condom distribution	1 site

Myanmar has strengthened its prevention and intervention efforts to decrease HIV prevalence among MSM. Eight medical doctors have been trained to provide exclusive services for MSM. Condoms and lubricants have been made available through 71 peer outreach workers while sero and behavioral surveillance are under discussion.

The following progress has been made against the country workplan:

- 17 locations identified, manual hotspot mapping done, digital GIS (Geographic Information System) ongoing.
- MARP receiving services – VCT (1,900), STIs (7,200 in 2006), condoms and lubricants increased by 25%.
- 50,000 contacts with MSM reached by all organizations working on MSM up until July 2006.
- 5 DICs established.
- 4 CBOs in process of establishment.

Other progress includes a national MSM/peer workers meeting being under preparation and establishment of links with country service providers being ongoing.

End of Day One

Kevin Frost of TREAT Asia ended the first day reminding all the participants it was important to keep in mind that the network is a new process and to stay open to the process, changes, and to listen to others as we learn together. Another participant, who was involved from the first meeting, added that despite all the limitations it has been an incredible and fast journey to get from having so little 18 months ago to having a lot going on today. These include:

- A National MSM Workshop in Vietnam
- The first-of-its-kind National MSM Election in Cambodia
- A contingent from China attending this meeting
- Many intervention activities under way in Myanmar
- Lao PDR having a contingent headed by a government official who is also the coordinator for MSM interventions from the National AIDS Committee
- The Thailand working group asked by its government to write the MSM part of the new National AIDS Plan as well as to write up MSM programming for the next Global Fund round of funding
- The Regional Coordinating Secretariat being in place

Evening Activities:

Participants were invited to visit the Silom Community Clinic and two community-based organizations, SWING and Rainbow Sky Association of Thailand (RSAT).

Silom Community Clinic:

Situated in the Bangkok Christian Hospital which is literally and strategically located in the red light district of Bangkok, the clinic provides a variety of services dedicated for MSM. The clinic provides services on an anonymous basis, using a card with a bar code to identify the user, thus making it comfortable for those targeted to drop in for services. Many of the participants were very impressed with the initiative.

SWING: Service Workers IN Group

Located in Phatphong Soi 2, SWING is dedicated to providing services and interventions targeting male sex workers in Silom and a few other target areas in Bangkok. The facility consists of a work space for staff, a fitness room, a common area for socializing and English classes and a section for free internet service. Khun Surang Janyam, director of SWING, gave a presentation of the organization, how it was established and major activities being implemented.

Rainbow Sky Association of Thailand: RSAT

A leading CBO in Thailand, Rainbow Sky is the only legally registered CBO working on MSM in the country. Mr. Jommaroeng gave a comprehensive presentation on the history of the organization and a variety of intervention activities that have grown to cover other regions of Thailand. RSAT had recently launched Thailand's first online gay radio, a medium through which intervention messages are delivered, in addition to its existing hotline center.

Day Two

Country Experiences

Vietnam: National Workshop on HIV/AIDS Prevention, Care and Treatment for MSM

Co-organized by HCMC PAC, CDC and UNAIDS, this National Workshop was initiated by the Vietnam MSM working group for better coordination and sharing, in addition to promoting stronger advocacy for MSM-oriented programs, targeting decision-makers and the mass media.

The workshop was organized with the following objectives:

- Create a forum to exchange ideas, knowledge and experiences in working with and for MSM.
- Map out existing work and develop strategies to move forward.
- Discuss the conceptual framework for MSM interventions and the two-year vision for Vietnam in light of the August 2005 meeting.
- Raise awareness of MSM issues for policy makers and government agencies.

The workshop drew together diverse participation from high-ranking officials of the General Department of Preventive Medicine and HIV/AIDS Prevention and Control at the Ministry of Health, Department of Social Evils at MOLISA, Committee of Social Affairs of the National Assembly, and the Party's Commission for Science, Technology and Education. Representatives from the local government include Ho Chi Minh's Provincial AIDS Committee, Provincial Health Services from Haiphong, Khanh Hoa and Can Tho, in addition to local and international NGOs, UN agencies, donors, 15 peer educators, two persons from the mass media and international experts from the region.

The workshop contents centered around knowledge and experience sharing from international experts on research issues, overview of research and studies on MSM in Vietnam, intervention experience sharing, identification and prioritization of MSM activities on the minimum package from the regional meeting in August 2005 and in-depth group discussions on the Vietnam workplan. Side events include a round table discussion with writer Bui Anh Tan and his novel and a film adaptation of "A World Without Women", plus an edutainment event by an MSM drop-in center, the Blue Sky Club, from HCMC.

The following were lessons learned from this workshop.

- Government participation crucial to the success of the workshop.
- Collaboration among different agencies vital to the form, content and outcomes of the workshop.
- Discomfort among some peer educators to speak up; this workshop was their first time.
- Curiosity and interest of the issue must be addressed in light of objectives and sensitivity of the topic of the workshop.
- Quick follow-up necessary to keep the momentum.
- Activities and meetings means to promote government involvement.
- Understanding that norms and acceptance cannot happen overnight.
- Follow-up on interesting discussion topics important.

Thailand: Challenges in Organizing MSM Group

With quite a long history of activism and gay movement in Thailand, the Thailand group shared with other participants its experience in organizing a network.

According to Rapeepun Jommaroeng, Thailand country representative, an RCB member and Assistant Secretary General of Rainbow Sky Association of Thailand, some problems existed prior to networking. There had been more and more NGO/CBO working on MSM over the years but they were all donor-driven and mission-focused, leaving the national picture unattended. The number of organizations also led to competition and redundancy in services.

In Thailand, the MSM network was established with collaboration from organizations in Bangkok and major cities of Chiangmai, Phuket, Pattaya and Ubon Ratchathani as they were more ready to initiate a network. It was also established because of self-initiation by all the organizations without being urged to do so. Initially consisted of NGOs and CBOs, the network grew stronger to include the government and the business sector. Evidence was critical to help reinforce the need for network creation and personal connection also played an important role in forming a network.

Advantages of Networking
<ul style="list-style-type: none"> • Organizations joined hands to work towards the same goals without redundancy in terms of activities and coverage areas. • A network has more power to advocate more efficiently, increasing visibility in the eyes of donors.

A number of networks exist in Thailand. These include;

- A Steering Committee to develop the capacity of HIV/AIDS prevention among MSM (May 2004).
- MSM Working Group, a subcommittee under the Network for People with Sexual Diversity (Thailand Queer Network: ThQN, August 2005).
- MSM Community Advisory Board (MCAB, November 2005).
- Sexual Diversity Network for Academicians and Researchers (August 2005).
- Network for support and protection of human rights for people with sexual diversity.
- Global AIDS Program Thailand Network on MSM work.

Mr. Rapeepun Jommaroeng cautioned that the network should be from the needs of all the organizations without someone masterminding behind it. In addition, a network can become inactive after the initial goal is achieved and no other new goal is tabled to the network.

Accomplishments by the MSM network in Thailand include an official letter from the Mental Health Department certifying homosexuality is not a mental disorder, removal of severely mental illness record on the military conscription exemption form for transgenders and a change of media perspectives towards MSM.

Cambodia: National MSM Network Election

As a result of a consultative meeting in 2004 by KHANA, a local NGO, in which MSM representatives, NGO partners and other stakeholders participated, followed by a three-day national MSM meeting organized by Policy Project Cambodia, the National MSM Network Election was held on 30 June 2006 with collaboration from 11 Cambodian NGOs working on MSM. Tap (Ted) Catalla, consultant to the National MSM Network Committee, shared with the participants the processes of the election.

Before the election, eleven NGOs held mini elections according to established guidelines to identify national election candidates. The Coordination Group comprising UNAIDS, FHI, KHANA, CARE and PSI formulated national election regulations and procedures which were sent out to all the NGOs two days prior to the election day.

On the election day, a total of 66 MSM (11 candidates plus 5 voters from each of the 11 NGOs) participated in the National Election in which the candidates could also vote. Representatives from the government AIDS Authority, NGOs and UN agencies witnessed the process and simultaneously formed the Arbitration Committee to rule on irregularities.

Similar to any other elections, campaign speeches were given and votes were cast on ballots which were in both Khmer and English. After vote counting, 5 winners were announced and they formed the National MSM Network Committee.



National MSM Network Election		
1	ហ៊ុន ប៊ុនវិរក្ស Horn Bunvirak	<input type="checkbox"/>
2	វ៉ាន់ថី លីណា Vanty Linna	<input type="checkbox"/>
3	សូ សុចារី Sou Sotheavy	<input type="checkbox"/>
4	យ៉ែម សុដា Yeam Sochea	<input type="checkbox"/>
5	ជេន រស្មី Chen Reaksmay	<input type="checkbox"/>
6	ចាន់ សុផល Chann Sophal	<input type="checkbox"/>
7	តាន់ យ៉ុង ស៊ា Tan young Sea	<input type="checkbox"/>
8	អ៊ុង ចាន់ស៊ី Ing Chan Sy	<input type="checkbox"/>
9	ប៉ុល ប៊ុនធីន Pol Bunthan	<input type="checkbox"/>
10	សារិន ជា Sarin Chea	<input type="checkbox"/>
11	ឡោ គឹមហ៊ឺត Lor Kim Ghech	<input type="checkbox"/>

After this first-of-its-kind election, here are some of the National MSM Network Committee's recent and future activities.

- Appearance on a TV talk show to discuss MSM issues.
- Finalization of MSM strategic plan for 2006-2008 in process.
- Participations in Regional Network Meeting in Bangkok and Risks and Responsibilities in New Delhi.
- Assisting with the formulation of STI treatment and care for MSM guidelines in selected locations in Cambodia.

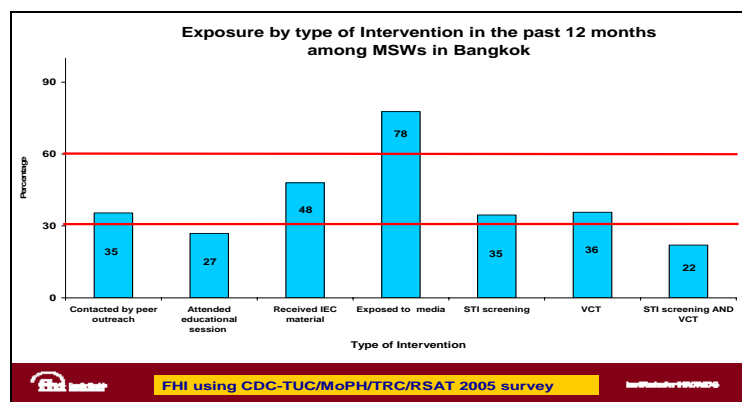
Effective Interventions: An Introduction...

Given that the members of national MSM working groups are likely to be involved in development of national strategy/program and that this strategy/program should be designed with evidence-based interventions, and the need to have a common understanding and definition about effective interventions, Philippe Girault, MSH Senior Technical Officer from Family Health International-Asia and Pacific Department in Bangkok, shared with the participants the different types of effective interventions. He distinguished further the inclusions and exclusions of each intervention.

Types of interventions discussed include: individual level, group level, outreach, prevention case management, partner counseling and referral, health communication/public information, VCT and referral and community level.

According to Philippe Girault, there is no evidence-based interventions for MSM that have been demonstrated through targeted evaluation or case control study in Asia yet.

Stigma and discrimination also impedes MSM from access to appropriate services and information. Besides a limited number of CBOs, there is still a lack of leadership from national leaders to advocate for and support MSM interventions. Building the capacity of CBOs to design and implement effective interventions is necessary for reaching a high coverage. The coverage of the interventions is a major issue for the current MSM interventions in the region.



In conclusion, by implementing evidence-based interventions, programs are more likely have an impact. In addition, well-defined interventions help in developing a relevant capacity building plan. The development of generic guidelines/standard operational procedures and quality assurance and control tools for key effective interventions are urgently needed. Operational research for MSM interventions in Asia is also a high priority.

Network Team Identity

With a regional diversity of cultures, languages, geography and resources, it was suggested that there be a single name, a team identity for the network. After a process of nominating and voting, a name was selected and all the working groups have now emerged as “**The Purple Sky Network**”.

Closing

Everyone was recognized for their hard work in making this meeting possible together. The participants were given an opportunity to provide feedback on this meeting and suggestions for future planning. Some of the comments and suggestions include:

- Earlier notification prior to the meeting.
- More time for site visits to allow time to learn.
- Technical assistance necessary to assure continuous and consistent inputs from in-country networks.
- More activities to encourage interactions among members from different countries.
- More interaction as compared to a larger meeting last year due to the smaller number of participants.

To further strengthen in-country networking, Kevin reiterated the RCS commitment and technical assistance and resources it could provide to facilitate organization of in-country meetings for network development and strengthening.

Participants expressed they had learned a lot from the meeting and built connections with representatives from other countries. The two-day meeting ended with energy and commitment to work on MSM in their own countries and to continue to participate in the Purple Sky Network.

LIST OF APPENDICES

- 1.....Commonly Used Abbreviations
- 2.....Concept Paper
- 3.....Agenda

COMMONLY USED ABBREVIATIONS

ACATA.....	Asian Community for AIDS Treatment and Advocacy
AIDS	Acquired Immune Deficiency Syndrome
amfAR.....	amfAR, The Foundation for AIDS Research
APN+	Asia Pacific Network of People Living with HIV/AIDS
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
AZG	Medecins Sans Frontiers (MSF) - Holland
CBO.....	Community-based organization
CDC-ARP	US Centers for Disease Control and Prevention-Asia Regional Program
CDC-GAP	US Centers for Disease Control and Prevention-Global AIDS Program
CHAS.....	Center for HIV/AIDS and STIs, Lao PDR
FHI-APD	Family Health International-Asia and Pacific Department
FHI-ARP	Family Health International-Asia Regional Program
GMS.....	Greater Mekong Sub-region
GO	governmental organization
HAV	Hepatitis A Virus
HBV	Hepatitis B Virus
HCMC.....	Ho Chi Minh City
HIV.....	Human Immunodeficiency Virus
IBBS.....	Integrated Bio-Behavioral Survey
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
MSM	men who have sex with men
NGO.....	nongovernmental organization
PLHA	People Living with HIV/AIDS
PSF.....	Pharmaciens Sans Frontiers
PSI.....	Population Services International
RCB	Regional Coordination Board
RCS	Regional Coordinating Secretariat
RHAC.....	Reproductive Health Association of Cambodia
RSAT	Rainbow Sky Association of Thailand
STD.....	sexually transmitted disease(s)
STI	sexually transmitted infection(s)
SWING.....	Service Workers IN Group
TAHOD	TREAT Asia HIV Observational Database
TAQAS.....	TREAT Asia Quality Assurance Scheme
TASER.....	TREAT Asia Studies for the Evaluation of Resistance
TREAT Asia.....	Therapeutics Research, Education, AIDS Training in Asia
TUC	Thailand MOPH-U.S. CDC Collaboration
UN.....	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID.....	United States Agency for International development
VCT.....	voluntary counseling and testing

**GMS MSM Network Building Workshop
31 July – 1 August 2006
Bangkok**

Concept Paper

The goal of the GMS MSM Network Building Workshop is to support efforts in the reduction of HIV transmission and STI prevalence among MSM in the GMR through network development. In February 2005, a three-day workshop entitled Strategizing Interventions among MSM in the Greater Mekong Sub-region was convened by the US government/donor agencies, CDC-Global AIDS Program (CDC-GAP), USAID-Regional Development Mission Asia Regional Program (USAID-RDM ARP), and implementing partner Family Health International Asia Regional Program (FHI-ARP). Over 50 regional experts from eight countries reviewed the implications of recent research to prevent HIV transmission among men who have sex with men in the GMR, and drafted a conceptual framework of evidence-based interventions and a two-year vision and action plan for the region. A follow up consultation in August 2005 entitled HIV Prevention and Care Interventions for MSM in the GMS expanded the work of the February workshop by establishing a work plan for each country. In line with recommendations from the August consultation, the Regional Coordinating Secretariat (RCS) is convening a workshop to build the GMS MSM network.

Objectives of the Workshop

The two-day regional workshop aims to 1) strengthen networking among MSM working groups in the region, 2) share information about MSM issues across the region, 3) formalize the roles and responsibilities of the Regional Coordinating Board (RCB), RCS and country working groups, and 4) revise regional and country vision plans.

To achieve these aims, numerous activities are planned. Participants will concretely build the regional network through experiential exercises and activities. Participants will also engage in topical networking opportunities for those who share common interests. This workshop provides updates on the situation of MSM in the region, especially in regard to HIV research. Participants will also update each other on country progress against previously developed work plans and share experiences on their MSM work. In addition, participants will formalize the roles and responsibilities of the RCS, RCB and country working groups.

At the end of this workshop, participants are expected to have developed a network identity (develop a name for the network), increased contacts with other individuals working on similar issues in other countries, and identified individuals in other countries with expertise in areas of shared interest. Participants will have a greater understanding of MSM HIV issues regionally and in other countries. Finally, participants have a greater understanding of the organizational structure and processes of the GMS MSM network. Thus, this workshop strengthens the regional GMS MSM network by formalizing organizational structures as well as individual relationships between participants in the network.

**Regional Network Meeting
On HIV Interventions for MSM
In The Greater Mekong Sub-region**

31 July – 1 August 2006

Bangkok, Thailand

AGENDA

Monday, 31 July 2006

Registration.....	8:00AM – 9:00AM
Welcome & Introductions..... Facilitator: Siam (Jack) Arayawongchai	9:00AM – 9:30AM
Research Update..... MSM and HIV in Asia Presenter: Dr. Frits van Griensven	9:30AM – 10:00AM
Break.....	10:00AM – 10:30AM
How We Got Here: History of the RCS Presenter: Martha Scherzer	10:30AM – 10:45AM
Understanding TREAT Asia & the RCS..... About TREAT Asia, RCS scope of work, responsibilities and the RCS mission statement Presenters: Kevin Frost & Jack Arayawongchai	10:45AM – 11:30AM
Expectations of the RCS: Break-Out by Country Groups..... Facilitators: Clifton Cortez & Jennifer Ho	11:30AM – 12:15PM
Lunch Break.....	12:15PM – 1:30PM
Group Report Backs: Expectations of the RCS..... Facilitators: Clifton Cortez & Jennifer Ho	1:30PM – 2:00PM
Where We're At: Country Progress. Country Presentations: Thailand, Cambodia, Laos Facilitator: Jack Arayawongchai	2:00PM – 3:00PM
Break.....	3:00PM – 3:30PM
Where We're At: Country Progress..... Country Presentations: Vietnam, China, Myanmar Facilitator: Jack Arayawongchai	3:30PM – 4:30PM
Wrap-Up of Day 1... .. Facilitator: Kevin Frost	4:30PM – 5:00PM
See It First-Hand (Optional Activity)..... Site Visits: Silom Community Clinic, SWING and Rainbow Sky	6:00PM – 7:30PM

**Regional Network Meeting
On HIV Interventions for MSM
In The Greater Mekong Sub-region**

31 July – 1 August 2006

Bangkok, Thailand

AGENDA

Tuesday, 1 August 2006

Review of Day One.....9:00AM – 9:30AM

Facilitator: Jack Arayawongchai

1st National MSM Meeting: The Vietnam Experience.....9:30AM – 10:00PM

Who, when, what, why, and how of the 1st National Meeting on MSM and HIV.

Presenter: TBA

Break.....10:00AM – 10:30AM

Challenges in Organizing MSM Group: The Thailand Experience.....10:30AM – 11:00AM

Lessons learned in developing a national working group for HIV interventions among MSM

Presenter: TBA

National Election MSM Network: The Cambodia Experience.....11:00AM – 11:30AM

The process to form the national MSM network

Presenter: TBA

Shared Interest Groups Lunch.....11:30AM – 1:00PM

Network building and experience sharing on common interest topics

Shared Interest Groups Open Discussions1:00PM – 1:30PM

Facilitator: Jennifer Ho

Clarification on Effective Interventions.....1:30PM – 3:15PM

Evidence-based, effective interventions and strategies

Presenter: Philippe Girault

Break.....3:15PM – 3:45PM

Network Team Identity: The Name Game.....3:45PM – 4:15PM

Facilitator: Jack Arayawongchai/Jennifer Ho

Till We Meet Again: Next Steps, Feedbacks and Wrap-up.....4:00PM – 4:30PM

Facilitator: Jack Arayawongchai/Kevin Frost

Fun Fun Fun (Optional Activity)7:30PM – till you drop!

Party the night away at a local bar

Therapeutics Research • Education • AIDS Training

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