



*Recommendations (only) excerpted from:*

## **Scaling up HIV programming for men who have sex with men - the experience in Asia and the Pacific**

**A report to the Global Forum on MSM & HIV  
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*“Scaling up focused HIV prevention strategies for populations most at risk represents an urgent public health necessity.”*

*From Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS to the 62<sup>nd</sup> session of the United Nations (2008)*



### **Recommendations on starting a process – expert advice**

The technical experts who participated in the Global Forum on MSM & HIV (MSM-GF) meeting on the processes which culminated in the Purple Sky Network and the Asia Pacific Coalition on Male Sexual Health offered many specific recommendations for anyone or any organisation seeking to duplicate and adapt the work as described in this paper. First and foremost, they recommend a careful examination of both donor-driven and community-driven processes in order to assess which might best apply to local situations, keeping in mind that for large and diverse regions such as Africa, a combination of processes may be desired or needed.

To achieve the desired tripartite involvement along with community acceptance of any new initiative, it is important to learn when and how to compromise. Communities must speak with a unified voice to help overcome the desire of some official gatekeepers to deny or disregard the issue. There is need to learn how to use language, too, so that all groups will remain involved and believe that their issues are included. Governments, donors and communities within the broader “community of MSM” use terminology to describe themselves, their work and their issues differently. The wordsmithing of documents will be needed after receiving input from all partners. For example, the first name chosen for the RR consultation during the early stages of planning was found to be offensive to some donors and community groups as well as implied endorsement of male to male sex, still an illegal act in the home country of India. In the GMS, references to transgenders and to one particular country were modified to be acceptable to donor agencies as well as some key government officials. There is an ongoing international debate on sexual diversity and sexual minorities. The debate will arise and should be handled straightforwardly with open discussion with all involved and consensus resolution adopted.

### **Recommendations on initiating a planning process**

Here is a list of things to consider during start-up phases of a process to address MSM and HIV in a particular region, and is based upon the Asia Pacific Experience:

#### **1. Analyze the local and regional situation carefully.**

- a. Look for parallel processes that may be similar in effort but not necessarily targeted to HIV or MSM.
- b. Create a baseline mapping to determine the status of issues including HIV and STI epidemiology, MSM population size estimates, sociological data, and so forth.
- c. Review outside influences and plan how to neutralise resistance such as discriminatory laws, and legal, cultural and religious practices which are opposed to openly addressing sex between men.
- d. Document places where key data elements are missing and decide on a process to obtain it, such as the GMS inventory of MSM and HIV services and the pre-RR UN led in-country process.
- e. Research donors but do not limit it to only those that may provide direct cash support. Some donors and the projects they support will be able to participate in ways that do not involve direct funding but which

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will offset expenses, such as underwriting travel expenses, paying meeting room rentals or assigning staff committed to the project.

**2. Identify key individuals who might serve as ‘champions’ for the process from a variety of sectors - civil society, of course, but government, donors and technical experts from INGO, as well.**

- a. Start with known friends and allies - strong personal relationships greatly benefited the Asia Pacific Experience.
- b. Gain the support and participation of the UN system from the beginning, starting with the UNAIDS Regional Support Team and the UN-designated lead agency on HIV and MSM.
- c. Equals should invite equals (donor – donor, government – government, and so forth) to increase success in diversity of participation.
- d. Attempt to find young people from communities who can be developed, through the process, to assume leadership in the near future.
- e. From this group, establish a core team of those most capable of moving the process forward.
- f. Establish a technical expert committee to provide ongoing advice and assistance.
  - i. Apply for outside technical assistance, e.g., from the UNAIDS-supported technical assistance facilities in Southeast Asia, South Asia and Africa.
- g. Plan committee meetings to take place at major events at which all or most of the members will also attend, such as regional AIDS conferences, to save costs and help assure involvement of more members.

**3. Establish a time-based work plan with divisions of labour and responsibilities clearly defined.**

- a. Start early enough and be realistic about the amount of time that will be needed (recommended to be at least one year from inception).
- b. Consider establishing a secretariat or at least sufficient staffing (recommended to be 2 – 3 people capable of committing to the process full-time).
- c. Coordinate the work plan with planning and work cycles of involved organisations so the work can be included in existing and future work cycles.
- d. Determine realistic costs and create a funding plan.
- e. Include a media strategy tailored to the local situation but that will serve the objectives of the process.

**4. Production of the meeting itself is crucial for the success and must be carefully planned.**

- a. Use of skilled facilitators is important for productivity, particularly those assigned to working groups during breakout sessions.
  - ii. Consider recruiting technical experts from the UN system as they are accomplished facilitators.
  - iii. Train and prepare facilitators well in advance of the meeting including development of preparatory materials.

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- iv. Facilitators need to be open and independent; avoid assigning anyone to a group for which they may have direct professional responsibility.
- b. Like facilitators, if volunteers are used they need to be recruited early on and provided training and onsite support.
- c. Travel support for meeting participants must be planned as far in advance as possible so that lower airfares can be obtained as well as outside support can be found (see below).

### **Recommendations on working with donors**

There are many issues and potential problems related to funding and donor support that were discussed during the MSM-GF meeting on the Asia Pacific experience. Some issues are unique to community-led processes but most will apply to all processes including donor-driven ones. All initiatives should develop a diverse funding base, including private foundations, international (governmental) development agencies, INGO, established CSO, UN system agencies including UNAIDS, as well as national governments and private corporations, where possible. And any initiative must speak with one unified voice, as mentioned above, so donors and governments both will be assured that there is wide acceptance of the effort among a variety of communities and stakeholders. Additional recommendations include:

1. **During research on donors in the start up phase, include an analysis of donor mandates, funding priorities and grantmaking cycles so you do not miss opportunities.** They are all different and each message must be correctly targeted. Do not isolate MSM as the single issue; look for entry points that may not be directly related to MSM or HIV (e.g., human rights issues, women's programmes that may encompass transgender male to female services, poverty alleviation, and so forth). Understanding a donor's funding strategy, including past and recent fund recipients, will save both you and the donor time and money.
2. **Plan necessary accommodations and travel far in advance, including that which may be needed by secretariat staff and planning committee members for meetings.** Often, a donor will approve grant funds to be used for travel for programme and management staff, as happened extensively with US government-funded INGO for both the GMS meetings and the RR consultation. Other sources for internationally-sponsored travel for CSO are also available, such as from UN system agencies.
3. **Particularly for community-led processes, cash flow may quickly become an obstacle, as venue costs, salaries and printing are all costs which require immediate and advance payment.** Try to negotiate with funders so that these costs can be paid directly or advanced to the fiscal agent. There are advantages to using an INGO as a single payer source, such as happened in the Greater Mekong, but you must also meet often stringent international accounting procedures that may not be cost effective or have the flexibility that might be needed for last minute changes.
4. **Consider asking donors to coordinate their support for both the process and the greater issue of funding scale up of MSM interventions in the region.** This is a need even now in the Greater Mekong and Asia Pacific,

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which would greatly help both CSO and donors alike. The UN agency, ILO, is well-equipped, experienced and may well carry the mandate to help in such coordination.

### **Conclusion: joining together works**

The Greater Mekong Sub-regional coordination and the pre-RR and post-RR Asia Pacific processes had one very significant impact – both brought the attention of many national governments to the issue of HIV epidemics among MSM and the need to address them directly. This resulted in positive changes in national AIDS plans and strategic planning to reduce the incidence of HIV and increase services for MSM. Having government representatives sit down and talk with civil society leaders and activists, together with collaborative partners from the donor and development sector and with support from UNAIDS and sponsoring UN agencies, produced this success.

Governments as a whole will listen more when approached by a large number of many different constituents, such as those assembled for all of the consultations mentioned in this paper. There is advantage, too, of bringing government officials out of their offices and out of their home country; it gives them latitude to both listen and actively participate in problem solving well beyond what may be otherwise possible.

There may be times when communities must be vocal and visible advocates for their constituencies. But throughout the scale up processes in Asia and the Pacific the single most important idea to emerge was very simple: working together results in reduction of HIV. As learned in the GMS when it was stated so eloquently by one donor representative, and adopted and quoted during the RR consultation – we must maintain the focus on the epidemiology of HIV, the growing body of evidence of HIV epidemics among MSM, and on the fact that it is high risk behaviours, unwittingly engaged in by MSM unreached by HIV interventions, that will drive HIV epidemics in the world today. This focus makes the need for increased attention including funding for the scale up responses to HIV among MSM, an undeniable and inarguable fact.

*From a poster at the RR International Consultation on Male Sexual Health*

#### **Why we should work with male-to-male sex and HIV prevention, treatment, care and support:**

- It is the right thing to do on humanitarian grounds.
- It is the right thing to do epidemiologically.
- It is the right thing to do from a public health perspective.

Males who have sex with males (MSM) whether their self-identity is linked to their same sex behaviour or not, have:

- The right to be free from violence and harassment;
- The right to be treated with dignity and respect;
- The right to be treated as full citizens in their country;
- The right to be free from HIV/AIDS;

MSM who are already infected with HIV have the right to access appropriate care and treatment equally with everyone else, regardless of how the virus was transmitted to them.

Naz Foundation International