

# Facing our challenges

*Annual report for 2007-8*



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

Because:

- 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 and 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.



## Acronyms

AIDS	Aquired Immune Deficiency Virus
amfAR	Amercian Foundation for AIDS Research
APCOM	Asia Pacific Coalition on Male Sexual Health
ARPF	Asia Regional Poverty Fund (of DFID)
ARV	Antiretrovirals
ASAP	AIDS Society of Asia and the Pacific
AusAID	Australian Agency for International Development
BCC	Behaviour change communication
BDS	Blue Diamond Society (which is based in Nepal)
BSWS	Bandhu Social Welfare Society (which is based in Bangladesh)
CBO	Community based organisation
CCM	Country Coordinating Mechanism (of the GFATM)
CoJ	Companions on a Journey (based in Sri Lanka)
DFID	Department for International Development (UK)
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, TB, and Malaria
HIV	Human Immunodeficiency Virus
IAS	International AIDS Society
ICASO	International Council for AIDS Service Organisations
IEC	Information education communication
INFI	India Naz Foundation International (an independant NGO based in India)
INGO	International non-governmental organisation
MOPH	Ministry of public health
MSM	Males who have sex with males
MSMGF	Global Forum on MSM and HIV
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NFI	Naz Foundation International
NGO	Non-governmental organisation
OSI	Open Society Institute
PSI	Population Services International
SAARC	South Asian Association for Regional Cooperation
SIDA	Swedish International Development Cooperation Agency
STI(s)	Sexually transmitted infection(s)
TRP	Technical Review Panel
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development



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# What is the Naz Foundation International?

The Naz Foundation International (NFI) is an international non-governmental organisation that exists to improve sexual health, welfare and human rights for males who have sex with males (MSM) and their partners. It does this by advocating for sexual, welfare and human rights, developing policies on these issues, and providing technical, financial and institutional support to MSM networks, groups and organisations in developing countries.

It works in developing countries to ensure that issues of male sexualities and sexual practices, and the health, welfare and human rights issues that arise from these, are appropriately and adequately addressed in the provision of HIV, AIDS, sexual health and other services.

Wherever possible it will provide technical assistance, capacity building and support to local self-help sexual networks, groups and organisations for the development of community-based and beneficiary-led HIV/AIDS and sexual health services, and advocate on their behalf.

## Belief

NFI believes in the innate capacity of local peoples to develop their own appropriate sexual health services, where the beneficiaries of a service are also the providers of that service. NFI will always support such initiatives.

## Vision

NFI envisions a world where all people can live with dignity, social justice and well-being.

## Mission

With a primary focus on MSM, NFI's mission is to empower socially excluded and disadvantaged males to secure for themselves, social justice, equity, health and well-being through technical, institutional and financial support, with a primary focus on marginalised males who have sex with males.

## Goal

To reduce the risks of HIV and other sexually transmitted infections (STIs), and improve the reproductive and sexual health of males who have sex with males in developing countries.

## Objectives

- To empower low-income MSM collectivities, groups and networks, through technical, financial and institutional support, to develop and deliver self-help sexual health programmes addressing their needs
- To work with other organisations, institutions, and agencies to improve the lives and well being of MSM
- To advocate on social justice and human rights concerns of (especiall low-income) MSM
- To foster cooperation, understanding and support between organisations developing responses to STIs/HIV/AIDS, and the sexual health needs of MSM, and those working with other constituencies
- To undertake research to highlight the issues and problems that marginalised and socially excluded MSM face, identify solutions and pro-actively promote these findings, as well as understand the context of masculinities and sexualities, which can lead to more effective and sustainable sexual health promotion strategies for MSM

- To identify and lever appropriate funds, resources and technical assistance to support the above activities

## **Board of directors during this reporting period**

- Ali Firat, Chair, Tapesh Majumdar, Poulomi Desai, and Amish Amin

## **Chief Executive**

- Shivananda Khan OBE

# Message from the Chairperson

## Facing our challenge

No doubt and, and no denying it, it has been a very difficult year for the Naz Foundation International. Ever since the UK Department for International Development closed its Asia Regional Poverty Fund Programme at the end of 2006, it has been a struggle for NFI to continue to provide the services that it does across south Asia and elsewhere. Technical assistance and support, knowledge management, and advocacy addressing the issues, needs and concerns of MSM in their often daily struggle to survive stigma, discrimination and social exclusion.



We faced an enormous challenge, and a very difficult decision. Should we continue to work as best as we can within a resource-constrained environment. And if we were to continue, how were we to do so with extremely limited funding.

And if we decided to close NFI what would the impact be in the region and elsewhere.

Since 1996 NFI has worked hard to promote the rights of MSM to have access to appropriate HIV prevention, treatment, care and support services, to promote the sexual health rights of MSM, to challenge the ongoing damaging effect of stigma, discrimination and violence that so many faced, as they struggled to find meaningful lives.

I can truly say that NFI has made a difference in the lives of so many MSM over the years. I have watched with amazement the dedication of the staff and volunteers as they faced the various challenges, from arrests, harassment, and dealing with heavy work-loads.

After many long discussions with my fellow board members, Shivananda Khan, and other key individuals within NFI (as a small community-based international agency, this wasn't many anyway!), we all finally agreed that while significant changes will need to be made, we would somehow work to keep the NFI dream and vision alive.

And we did.

But at what cost. Some staff had to leave. Operations reduced. And a few agreed to work on a voluntary basis.

Shivananda stayed on full-time as its Chief Executive, as did Arif Jafar as Executive Director in India, both giving all their time to NFI on a voluntary basis. Kim and Nicolas were able to provide volunteer time for key administrative and management tasks, and through the wonderful support of the World Bank through an Institutional Development Fund, some of this management support was supported.

We have used this time to continue to build and strengthen relationships with donors and other institutions, developing a range of grant applications for support, strengthening our advocacy arguments for the need for such an agency as NFI. This continues as I write this, and there are signs, light at the end of the tunnel, that encourages me, that the future will provide for a strengthened NFI.

And when you read through this report, you will all see that despite these resource challenges that we face, NFI has still maintained a high quality service, that significant achievements have been made, and that the level of output is still significant.

I cannot thank Shivananda enough who has maintained a courageous stand throughout the year, and has demonstrated perseverance above and beyond the call of duty. His commitment to the issues of which we are concerned, is beyond doubt.

And of course I need to thank Arif who has keep India operations going during these troubled times, and to

Kim and Nicolas for their volunteer support, while also thanking my fellow board members.

Further, I need to thank Hivos and UNAIDS particularly, along with others, who have supported us during this period of resource challenges.

Thank you all for your continued support for Naz Foundation International.

*Ali Firat*  
*Chairperson*

## From the Chief Executive

What a choice to face in the year that followed our 10th anniversary. Do we go on and work to the best of our ability within a severely resource constrained environment, or do we not? How can we continue to deliver a highly technical, knowledge and advocacy programme at a meaningful level while facing financial challenges on a daily basis.



We did this, persuading our Board that we were willing to keep on going, even if it meant doing so on a voluntary or part-time basis. Means were found to ensure that NFI could continue to function effectively, even at reduced levels, while these resource challenges were faced and eventually overcome.

I must admit that it is taking much longer than I originally thought. We still continue to operate on a restricted level while key funding applications are being developed, including those we are working on with the Global Fund to Fight AIDS, TB and Malaria, with the European Commission, with DFID, and with a number of other governments.

A major lesson has been learnt. Working with MSM and HIV means that you need constant advocacy with all key stakeholders, government, donors, INGOs and others. This is to develop the argument that working with MSM requires specialised services, which includes the provision of technical support for ensuring good practices and high-quality service delivery, led by peers is achieved.

Towards this, two key achievements during this year has been the development of the Asia Pacific Coalition on Male Sexual Health, and the development of India Naz Foundation International as an independent country partner, joining with Bandhu Social Welfare Society, Blue Diamond Society, and Companions on a Journey as key country-partners of NFI, in a common struggle to ensure that MSM in our region have high quality, appropriate and accessible services.

As you go through this report, please recognise that all the activities and achievements identified have arisen despite major constraints. I believe in this environment it is still impressive. Imagine what could be achieved if NFI was fully funded and supported,

I want to take this opportunity to thank the NFI board, my colleagues Arif Jafar and his staff, Kim Mulji and Nicolas Stanford, for their continued support of the vision of NFI and their willingness to take up the challenge of working in an environment of constant financial constraints. Without their support, there would not be an NFI today.

*Shivananda Khan OBE  
Chief Executive*



## Evolution of the Naz Foundation International

The Naz Foundation International has dedicated itself since its beginning in 1996 to focus on the sexual health needs of males who have sex with males (MSM)<sup>1</sup> through empowering them by providing technical assistance and support (and wherever possible financial start-up assistance) to MSM-led groups and networks to develop their own community-based organisations.

Initially this was done, where funding permitted, going to a specific country, identifying a network and key individuals in that network, providing training and capacity building, and enabling them to establish their own locally-based organisation.

At the same time, NFI recognised that it was not a national organisation, but rather a regional organisation, wishing to work across the countries in South Asia, and perhaps beyond, in other countries of Asia. It was thus soon recognised that local needs and regional needs could often conflict within such a small agency as NFI.

A model of support thus evolved described in Figure 1 below, which basically would maximise NFI's support by upstreaming such assistance, while ensuring downstreaming the development of locally-based HIV prevention, treatment, care and support services.

Where a nationally based MSM sexual health agency already existed, NFI would provide training, capacity building, resource development and advocacy work to that national agency, in order to assist locally-based MSM groups and networks to develop their self-help organising, and to whom such technical assistance and support could be provided by the national agency.

This was true of Blue Diamond Society in Nepal, and Companions on a Journey in Sri Lanka.

Where such a national MSM sexual health agency did not exist, then NFI would help develop such an agency, and work with that agency to develop locally-based responses in its country.

This was how Bandhu Social Welfare Society (BSWS) in Bangladesh was supported at its beginning. Started in 1997 with technical assistance and support from NFI to provide sexual health services in Central Dhaka, by 2004, BSWS soon became a national MSM agency working in nine cities in Bangladesh. BSWS took the tools that NFI developed, to replicate MSM sexual health start-ups locally, and began replicating that across Bangladesh with NFI support.

Thus BSWS evolved as NFI's national partner in Bangladesh.

India was different. An enormous country, with over a billion people, many languages, cultures and religions. NFI began assisting direct HIV services development for MSM, directly at the local level with the absence of a national partner.

In 2001, NFI established a liaison office in Lucknow, India, which took on the role of providing technical assistance to local MSM groups and emergent organisations. However, it was strongly believed that if NFI was to maximise its limited resources, NFI needed to assist the development of a national technical support

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<sup>1</sup> The acronym MSM is usually taken to mean *men who have sex with men*. However, the term men can be problematic within the context of different cultural definitions of man, manliness, and manhood. In the context of NFI, we will be using MSM to mean *males who have sex with males*. It should also be recognised that MSM is a behavioural term and does not reflect a sexual identity. Within the use of the term MSM and male-male sexual behaviours, there are many frameworks of MSM, from self-identified males with gender or sexual orientation identification, to those who anally penetrated other males as a masculine behaviour, but often lack an identity that reflects this, to those who are situationally involved in male-to-male sex. Within the framework of male-to-male sex, there is a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community. This statement addresses the concerns of all these diversities within the framework of males who have sex with males.

agency, with which NFI could then develop a working relationship, similar to BSWs, BDS and CoJ.

At the end of 2006, this occurred with the development of the India Naz Foundation International (INFI), an independently registered organisation, based in Lucknow, which took over the technical assistance responsibilities of the NFI Liaison office, as an Indian organisation.

In India, INFI has the following responsibilities:

1. Providing technical assistance and support to current state partners, through whom similar assistance is provided to current district projects and to develop new ones
2. Developing new state partners through whom new district projects will be developed
3. Monitoring and evaluation
4. National advocacy and policy development
5. National and state level training programmes
6. Resource mobilising

Thus Naz Foundation International now has country partners in:

Bangladesh:	Bandhu Social Welfare Society
India:	India Naz Foundation International
Nepal:	Blue Diamond Society
Sri Lanka:	Companions on a Journey

In Pakistan, while there are HIV services being provided for MSM, none of them are community-based or owned, and service delivery still requires considerable development of technical expertise and knowledge. While NFI has conducted a range of technical assistance programmes to a number of NGOs providing such services, much more needs to be done. NFI is currently seeking funding to implement an MSM community-based HIV services development programme in Pakistan, along with the development of a national MSM technical assistance agency in line with the model that it has implemented in India.

Work is beginning to be developed in regard to Afghanistan, Bhutan and the Maldives, as a part of the South Asia region, to draw them into the remit of NFI's technical assistance regional programme. At the same time a technical support partnership is evolving with PSI Myanmar regarding its national MSM targeted outreach programme.

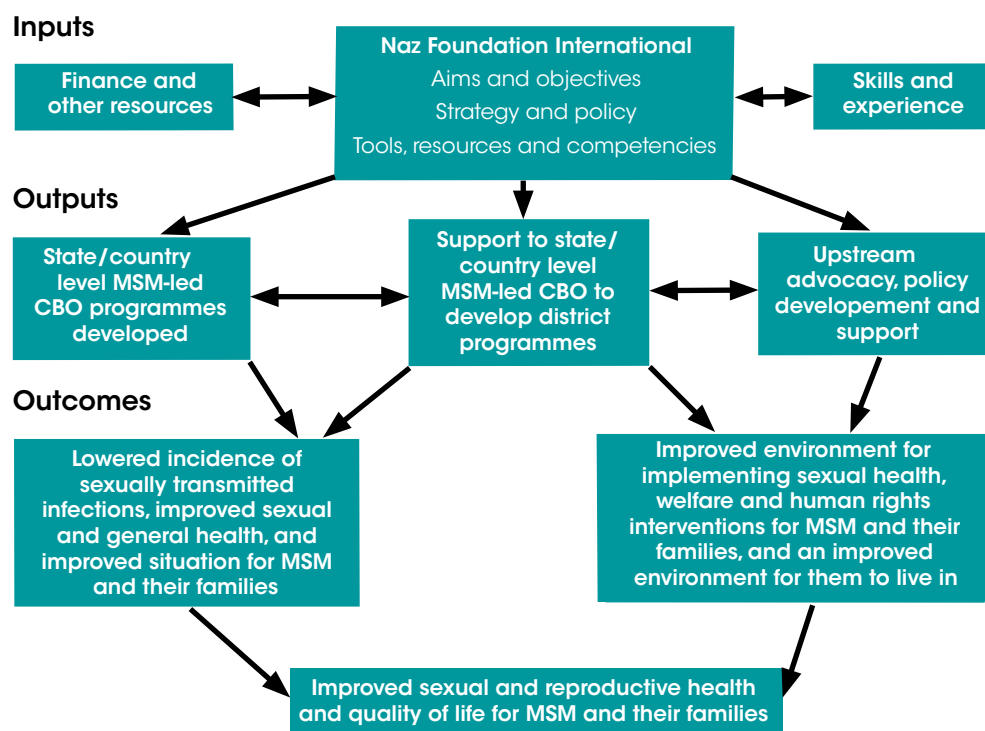
NFI's South Asia Regional MSM and HIV Programme has the following key responsibilities:

- Provision of technical assistance and support to NFI country partners and their in-country partners, along with other agencies working with MSM in HIV service provision
- Knowledge management for NFI county partners and other agencies working with MSM and sexual health concerns, including developing multi-lingual BCC resources, training tool-kits, IEC materials, as well as managing a Resource Centre and Library of current knowledge on MSM and sexual health issues, and publishing a quarterly journal on relevant issues (Pukaar) and its website (<http://www.nfi.net>)
- Advocacy work that addresses:
  - Stigma, discrimination and human rights abuses
  - Increasing investment on MSM and sexual health issues
  - Scaling up coverage towards Universal Access targets
  - Bridging knowledge gaps on the socio-ethnographic, behavioural, epidemiological, and male-male sexualities of MSM



*Zenanas in Peshawar*

**Figure 1: Summary of NFI input and resultant outputs and outcomes**



What NFI offers:

- Tested methodology for developing new MSM community-based organisations, and scaling up coverage
- Access to a range of documentation and tool-kits
- A management and monitoring system appropriate to the needs of MSM CBOs
- On-going technical support and mentoring of MSM CBOs
- Support for advocacy and policy development
- A skilled and experienced technical assistance team
- A range of BCC and IEC materials in different languages
- Over a decade of working experience with MSM networks, groups and organisations in South Asia and elsewhere
- Resource and research documentation on MSM and sexual health issues
- Linking mechanisms to country specific, regional and international networks for skills and information exchange
- Mentoring of projects along with ongoing technical assistance to ensure quality assurance in terms of management, financial responsibility and service provision

### Why our regional approach?

Using a common definition of South Asia, the region consists of eight countries: Afghanistan<sup>2</sup>, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka. These countries form a natural geographic region which is clearly recognised internationally, often with shared borders, history, religions, cultures, and often languages, that also include commonalities in terms of shared characteristics around male-male sex, identities, practices, and gender performance. The development of SAARC, the various regional meetings, conferences and workshops that have been held, both by NFI and others, along with international agencies recognising regionality, clearly indicates the naturalness of this collection of countries under the rubric of South Asia.

<sup>2</sup> NFI will be conducting an situational assessment in Afghanistan towards developing a programming for implementing HIV services for MSM there . The assessment will be conducted in November 2008. Further, the majority of these countries are included in an upcoming GFATM Round 9 regional proposal addressing MSM and HIV-related issues in the region.

The response to MSM and HIV varies considerably from country to country within the region (as well as within countries), with a focus on community-led interventions in Bangladesh, India, Nepal and Sri Lanka, to NGO led interventions in Pakistan, to those countries where currently, no interventions existing, such as Afghanistan, Bhutan or the Maldives.

While MSM and HIV are now being included as an issue to address in all national AIDS plans, as well as in a number of proposals to the GFATM, gaps in the provision of services continue to exist, to a greater, or lesser extent, and for activities which would build sustainability in service provision.

Strengthening community systems to enable MSM to participate more effectively in governance, and form strategic partnerships with various authorities (medical, academic, legal, judicial, law enforcement, policy makers, regional bodies etc.) as well as with progressive networks is very limited, if existent at all. At the same time, enabling MSM CBOs to engage in knowledge generation and management (ethnographic and anthropological studies, national behavioural surveillance surveys, impact and situational assessments, and their dissemination) which could lead to influencing policy, is also very limited, if existent at all.

Further, appropriate approaches to address stigma and discrimination focused on MSM in terms of identity, gender performance, and sexual practices are often considerably weakened at local (if not national) levels, because of illegality, religious laws and beliefs, and dominant patriarchal social and cultural values, that all significantly stigmatise male-male sex, particularly for those whose who are feminised. Added to this, are significant levels of poverty, illiteracy, mobility, scarcity of opportunities for income generation (due to stigma and discrimination), and access to appropriate services.

A regional approach in South Asia to strengthening participation in governance, address stigma and discrimination at policy and institutional levels, and advance knowledge generation and management, based on the affinities identified above, would enable significant upstreaming of advocacy and policy development work, providing a measure of “distance” from local issues, while engaging regional and national bodies towards improving the lives of MSM, and provide support towards a movement to universal access to HIV-related services for them. At the same time, multi-country approaches to knowledge generation, and strengthening capacity of MSM HIV organizations to engage more effectively in governance and policy development, makes cost effective sense, as well as upstreaming their own capacity for such work, while addressing cross-cutting issues, such as cross-border migration, injecting drug use and MSM, MSM who are married, or have sex with female partners, in terms of resource and policy development. Further, by strengthening national MSM partners would enable downstreaming of cost-effective capacity building for locally based MSM HIV service providers, particularly those that are community-led services.



*PSI Myanmar Targeted Outreach Programme for MSM drop-in-centre in Yangon, Myanmar*

## Technical assistance and support

The level and content of technical assistance and support provided to NFI country partners and others depended on what was being requested by these agencies, and what funding was available to meet these requests. It also varied according to each country's development in responding to MSM and sexual health issues.

Apart from on-going mentoring and immediate response to requests for assistance in reviewing agency documentation, project proposals, strategies, and so on, NFI also developed a range of IEC resources in appropriate languages, to be used by our partners, training resources for their downstream training activities, along with national advocacy support and assistance with governments, INGOs, donors and UN agencies. Thus in Nepal we supported BDS's Nepal Supreme Court petition on the rights of sexual minorities, through providing information on international precedents on this issue, along with legal assistance in its petition. In Bangladesh we advised BSWs on how to address donor concerns on the issue of adolescent male sexual health concerns, how to address donor resistance to its scaling up proposal, and how to develop a resource mobilising strategy, along with a workshop for their staff on gender, masculinities and male-male sexualities. In India we provided extensive mentoring as INFI developed its independence and launched itself as an Indian NGO, by developing an institutional start-up kit, which include staff induction processes, institutional policies, stationary design, and supported it to develop its strategic vision and plan. With this was a series of staff training programmes, In Sri Lanka, Companions on a Journey was provided with technical advice in strengthening its HIV programme for MSM in Colombo, its scaling up strategy, access to a range of newly developed IEC resources, training manuals and policy documents.

In Afghanistan negotiations were conducted with its National AIDS Control Programme and UNICEF to conduct a rapid assessment of male vulnerabilities to HIV, and sexual exploitation in Afghanistan, towards developing an MSM and HIV programme in the country (none exists currently), while in Pakistan negotiations have begun to develop and implement a national programme for MSM and HIV, through the development of a national MSM Technical Support Facility (which would become an NFI country partner), along with the piloting of several MSM community-led HIV services initiatives.

In Myanmar, NFI has been supporting the work of PSI Myanmar in its MSM targeted outreach programme, by the provision of a range of technical assistance, including sharing its training tool-kit to empower local MSM self-help development, and a range of visits to the country to provide technical support. In this reporting period, NFI designed and provided technical assistance in conducting their first national MSM consultation meeting, and later conducted a review of PSI Myanmar's Upper Myanmar MSM programme, while developing the outline for a strategic development of MSM HIV services across the country, and the development of an in-country MSM Technical Support Facility.



*1st National MSM meeting in Myanmar organised by PSI Myanmar with technical support from NFI.*

The political conditions within Myanmar makes it extremely difficult to develop MSM led community-based organisations, and the model that PSI Myanmar has evolved

(with NFI technical assistance) is based on sheltering local services within its structure, which enables local ownership but with PSI funding flows.

Along with this, has been the provision of in-country and regional training programmes by NFI to increase the capacity of country partners, as MSM technical support agencies within their own countries (seven in-country and two regional training programmes were conducted).

Along with this, has been the intensive work with our country partners and PSI Nepal, country GFATM CCMs, and UNAIDS, to develop a regional proposal for the GFATM to enhance and strengthen NFI's capacity to provide technical support for MSM and HIV interventions across South Asia, policy and advocacy, and research on MSM and HIV-related issues.

Working with BSWs (Bangladesh), BDS (Nepal) and INFI (India), along with PSI Nepal, a multi-country regional proposal for Round 7 of the Global Fund for AIDS, TB and Malaria was developed. This involved considerable negotiations with all the partners and the country CCMs. However, despite the extensive advocacy with the Bangladesh, India and Nepal CCMs, the Bangladesh CCM ignored the proposal, and the India and Nepal CCMs did not endorse it.

NFI and its partners, believing that the rationale for these country responses was based on ill-formed political and discriminatory process, conducted an intense international lobbying effort with GFATM to review the proposal as a non-CCM one. Over 150 organisations globally wrote to GFATM on our behalf. The proposal was finally reviewed as a non-CCM one, but unfortunately it was given a Category 3, and we were asked to re-submit for Round 8 of the GFATM with amendments.

We intend to this. Discussions and a range of meetings have been initiated with our country partners, UNAIDS and UNDP, along with PSI Nepal, to respond to the GFATM’s comments on our round 7 proposal, and develop a much stronger proposal. Funding support for this work has already been agreed with the Open Society Institute.

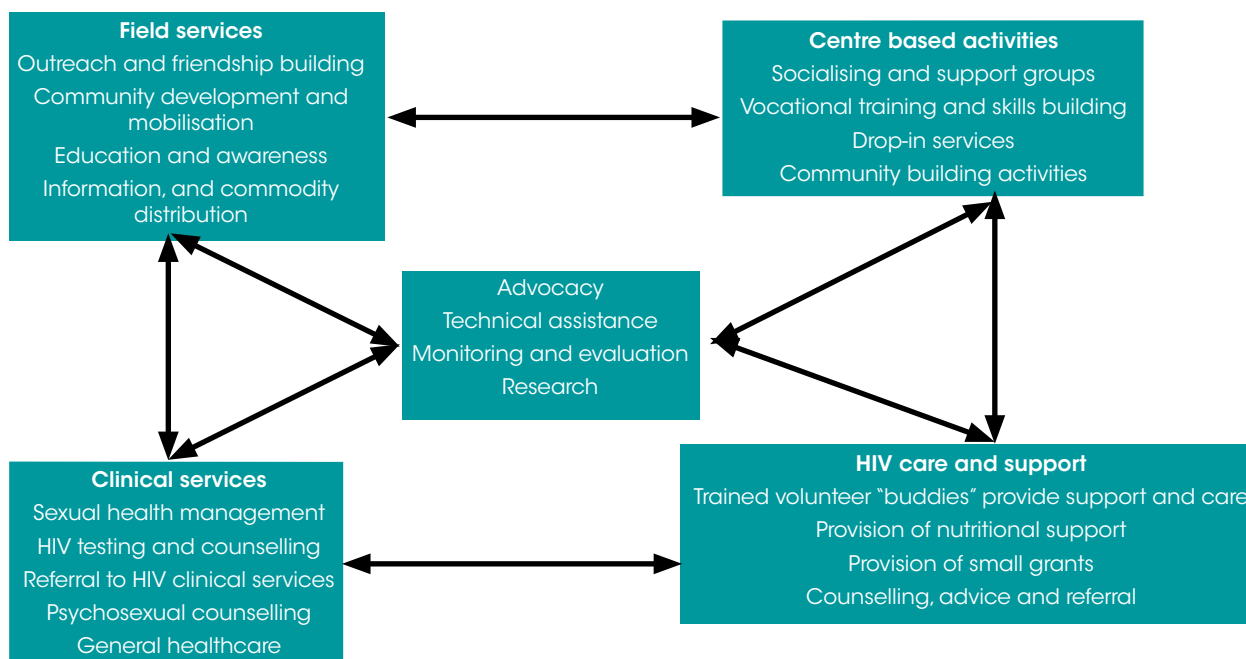
At the initial group meeting we held in Nepal with all the partners involved, we all agreed that apart from PSI itself, none of us had the capacity to manage significant GFATM funding and do all the necessary monitoring and evaluation work, as well as reporting, required by GFATM. It was agreed that PSI should therefore be the principal recipient. At the same time, it was agreed that NFI had the most experience in implementing MSM and HIV work in the region, and already had a regional exposure and presence. It was therefore decided that NFI should be a key implementing agency.

In addition to the above mentioned technical support and assistance to NFI’s country partners (and we include PSI Myanmar here), we have also worked with other countries and agencies providing such assistance including:

- A range of reviews and commentaries on draft papers produced by UNDP, UNAIDS and other agencies, as well as the Cambodia’s MSM strategic framework document, work with Positive Muslims, South Africa’s manual on HIV and Islam, and the Purple Sky Network’s field workers manual
- Providing technical assistance and support to SIDA, who organised South Asia consultation meeting on LGBT issues, and for the Global Alliance on LGBT Education Asia, their consultation meeting, along with amfAR’s MSM Initiative in the Asia region regional funding round, and the Bill and Melinda Gates Foundation/IAS global advocacy meeting on MSM and HIV

NFI’s model for developing local MSM CBOs is summarised in Figure 2 below:

**Figure 2: A model for developing community-led sexual health programmes**



## Strengthening our advocacy response

Naz Foundation International focuses on the following areas of advocacy work:

- Increasing investment (both technical and financial) for MSM and HIV programming
- Rapid scaling-up of coverage of MSM and HIV prevention, treatment, care and support services
- Increasing knowledge and understanding of male-male sexualities, sexual practices, risks and vulnerabilities
- Addressing stigma, discrimination, and human rights abuses, whilst promoting social justice for MSM
- Promoting principles of good practice in providing HIV services for MSM

Over the years NFI has conducted much of this work at national and international levels through its interactions with a range of bilateral and multilateral donors, international agencies, governments, and key UN agencies, either on its own, or in partnership with other appropriate stakeholders.

In 2006, two key new MSM led activities were developed that enabled NFI to significantly add value to its advocacy initiatives, and strengthen its national and international advocacy responses to the ever increasing rise of HIV infections among MSM regionally and globally. NFI was centrally involved in the development of both these initiatives.

### Asia Pacific Coalition on Male Sexual Health



In September 2006, Naz Foundation International co-hosted an Asia Pacific regional consultation on MSM and HIV, along with the National AIDS Control Organisation in India, with technical assistance and support from UNAIDS.

This regional consultation brought together 380 government, policy-makers, donors, researchers, grassroots and community based representatives from 22 countries across the Asia-Pacific region, providing a space for dialogue, learning, networking, and skills building, towards enabling the expansion, strengthening, and scaling up of strategies addressing sexual health and related HIV vulnerabilities in relation to males who have sex with males and transgender people. In addition, the consultation provided an opportunity to inform and develop strategic advocacy initiatives, and deliberate on key policies related to these issues.

A central outcome of this meeting was the mandate given to NFI and the Meeting Steering Committee by the participants, to develop an advocacy task force that could strategically strengthen local and national advocacy initiatives on an Asia Pacific basis, while representing their interests regionally. This was an urgently felt need by the participants, as the evidence presented at the meeting clearly identified the growing HIV prevalence rate among MSM, in many countries of the region, the very high levels of stigma, discrimination and illegality, and the very low coverage of HIV prevention, treatment, care and support services. The task force would be called the Asia Pacific Coalition on Male Sexual Health, being a coalition of community, donor and government sector stakeholders. It would be empowered to play a significant role in the Asia Pacific region, advocating on the issues identified at the meeting, as being key towards ensuring that increased investment, scaling-up coverage, better knowledge, stigma and discrimination, and ensuring good practice are all addressed.

These were all advocacy goals that NFI had been working on since its inception.

### Guiding principles

The work of the Asia Pacific Coalition on Male Sexual Health will be guided by the following principles, which have been adapted from the Guiding Principles of the Global Forum on MSM and HIV/AIDS:

- **Enabling environment:** The inter-related co-factors for HIV risk, vulnerability, and disparities in access to care, treatment and prevention education, coupled with social discrimination and individual rights issues, have a common basis in the significant lack of services and coverage faced by MSM. We believe that an enabling environment is the key to the health and well being of MSM and their families.

- Evidence informed: MSM HIV prevention, care and support, and treatment programs and policy should be guided by a nuanced understanding based on evidenced scientific information
- Strength-based: Programmatic and policy responses often frame the HIV and AIDS problem in negative ways, and stigmatise MSM and transgenders. We believe that effective responses to the HIV and AIDS epidemic directed at MSM must acknowledge and build upon the strengths, competencies, and resources that such persons possess.
- Affirming sexualities and acknowledging sexual behaviours and risk: We believe that the reality of sexualities, gender expression, and the risks involved in certain sexual behaviours need open acknowledgement. All MSM have the right to healthy and fulfilling sex lives, and to access community driven HIV interventions - prevention, care and support, and treatment - free from judgement and persecution. There needs to be a healthy and productive relationship between the community and governments, based on mutuality of respect, positive involvement and honest flow of information.
- Community driven interventions: Self-organising and open participation in the provision of appropriate HIV prevention, care and support, and treatment services for MSM is important in our work to end HIV and AIDS. We believe in supporting and respecting self-determination and self-initiated HIV and AIDS programmatic and policy responses.
- Involvement: There must be greater involvement of MSM including HIV positive MSM, and HIV positive transgender people, in programme planning and policy development arenas. There must also be equal support and participation by governments, funders, and technical experts. We believe that HIV and AIDS programme and policy responses are strengthened by ensuring inclusion, parity and representation.
- Resources: There is an urgent need to significantly increase investment, funding, capacity, and technical support for HIV programming directed at MSM and transgenders. At a minimum, we believe that funding should be at a level commensurate with the impact left by HIV and AIDS on these groups, as compared to the general population.

## Long term goals

1. Increased investment from governments, donors and civil society groups and communities, in appropriate research and interventions for HIV prevention, treatment, care and support for men who have sex with men and transgenders in the Asia Pacific region
2. Scaled up programmatic, geographic and comprehensive coverage of HIV prevention, treatment, care and support interventions for men who have sex with men and transgenders in the Asia Pacific region
3. Strengthening the evidence-base for advocacy, policy development, programming and the reducing societal, legal, and institutional obstacles for the above

## Objectives

1. Conduct targeted advocacy with governments, donors, research agencies, civil society organisations and UN bodies, for an improved HIV policy framework, increased investment, scaled-up programs, reduced stigma and discrimination, and the promotion of individual rights of MSM
2. Convene and strengthen sub-regional and national networks and communities of MSM and their organisations, particularly those with fewer resources and within disproportionately adversely affected communities, as well as governments, researchers and donors, to collaborate in initiating, or expanding comprehensive responses to prevent and treat HIV, and improve sexual health in Asia and the Pacific
3. Identify, collect, produce and share strategic information, with community involvement as far as possible, to support effective and efficient program design, as well as targeted advocacy efforts at the sub-regional and country level, and monitor and evaluate the deliverables for their quality, coverage and effectiveness

4. Identify and facilitate the provision of technical assistance to sub-regional and national networks, governments, and civil society, working to improve the sexual health and reduce the burden of HIV among MSM.
5. Nurture and support transgender groups and organisations, and involve them in all activities as equal partners. It shall be the endeavour of APCOM to help transgender groups form their own networks and coalitions to address their own issues and concerns.

During this fiscal year, all the planning, negotiations with a range of donors, particularly Hivos of the Netherlands, UNAIDS, UNDP, UNESCO, and working closely with key community leaders across the region, an Interim Governing Board was developed, along with a range of institutional documentation such as a constitution, terms of reference, and criteria of membership, along with a three year work plan and budget. A secretariat was established in New Delhi, India and a Secretariat Coordinator was recruited.

An APCOM website (<http://www.msmasia.org>) is now under construction and will be composed of three parts:

1. The main entry point and home page will be the public face of APCOM so both its work and the issues of MSM and HIV in the region are widely available on the internet. The APCOM news service will be featured here along with key links to appropriate MSM resources such as the UNESCO MSM and HIV clearinghouse (proposed), the Global Forum for MSM HIV, the Asia Pacific Network of People Living with HIV/AIDS, and the Coalition of Asia Pacific Regional Networks on HIV/AIDS (the Seven Sisters).
2. This will include a basic knowledge base about the issues, contain PDF versions of papers produced for the Risks and Responsibilities meeting, and others that are identified as solid resource materials, along with BCC and IEC examples from the region. The section will facilitate distribution of technical information and support for those starting or scaling up services, including APCOM member community organisations, to help maximise the impact of interventions.
3. A secure section available by registration only for all registered community and Governing Board members to enhance communication about APCOM logistics. There will be an additional secure Governing Board section, as well, so the Board can easily conduct “online” discussions and business matters. This section will offer the Board a place to openly discuss and vote upon both business and policy matters, receive and monitor programmatic activities and financial reporting and other issues that may arise between officially convened meetings. Members will be able to nominate representatives and vote for Governing Board representatives as required by the Constitution. A system will also be developed to include member organisations with limited or no internet access, in order to assure the opportunities for all in the region to participate.

The structure of APCOM itself was evolved from the framework of sub-regional divisions developed for the Risks and Responsibilities meeting, and has the following representation and nomination processes:

Community Sector	Nomination process (Board means APCOM Board)
China	Sub-regional election
Developed Asia	Sub-regional election
Greater Mekong sub-region	Sub-regional election
India	Sub-regional election
Pacific region	Sub-regional election
South Asia (not including India)	Sub-regional election
South-East Asia (not including Greater Mekong Sub-region countries)	Sub-regional election
Transgender representatives (2)	Nomination from the transgender network
MSM PLHIV representative (1)	Nomination by Asia Pacific Network of People Living with HIV/AIDS MSM network
Government sector representatives (2)	Nominations by UNAIDS with Board input

UN system technical experts (3): UNAIDS, UNDP, and UNESCO	Nominations by UNAIDS with Board input
Chairperson	Nominated by the Board
Executive Committee	Nominate by the Chairperson
Secretariat	
Coordinator/Executive Director	Recruitment by the Board
Executive Management Consultant	Recruitment by the Board
Technical Advisors	Nominated by the Board
Communications Advisor	Nominated by the Board

Further, a system of alternates of community sector representatives is also being instituted.

For the start-up period, community sector representatives were nominated through a range of discussions with key leaders in each sub-region. However, it is anticipated that sub-regional elections will be held in 2009, to identify who the community sector representatives will be. At that point, the Interim Governing Board will become the official Governing Board.

Key financial support from Hivos and UNAIDS in July 2007 enabled APCOM to begin to operate with its first Interim Government Board meeting being held on the 26th – 27th July, where the constitution, work plan and budget, along with terms of reference, were all adopted. It was agreed that NFI would act as the fiscal management agency, and that its Chief Executive would be the Interim Chair. The funding support from Hivos also allowed the Secretariat to become fully operational.

APCOM was officially launched at the 8th International Congress on AIDS in Asia and the Pacific held in Colombo, Sri Lanka between the 19th-23rd August 2007, and with funding support from Hivos, UNAIDS and UNESCO, APCOM was able to also host a Symposium at the Congress on *The missing piece: MSM and national responses to AIDS in Asia and the Pacific*. Co-chaired by Mr JVR Prasada Rao, Director, UNAIDS Regional Support Team, Asia and the Pacific, Sherman de Rose, Director, Companions on a Journey, Sri Lanka, and Shivananda Khan.

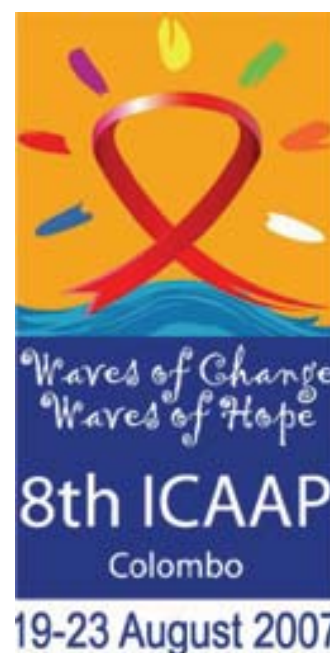
#### Hivos partnering with APCOM

A three year contract has now been signed with Hivos which will be providing financial support for the APCOM Secretariat, and a range of mapping and networking activities across Asia and the Pacific, towards community building and mobilising, to enable MSM and transgenders to more effectively engage on policy development and decision making at national, sub-regional and regional levels.



Naz Foundation International is managing APCOM's funds, along with providing institutional and programmatic assistance through its Chief Executive, Shivananda Khan. NFI and APCOM would like to thank Hivos for the wonderful support for this important initiative.

More information on APCOM can be found at <http://www.msmasia.org/>.



## Global Forum on MSM and HIV

The Global Forum on MSM and HIV (MSMGF) was a key outcome of the pre-conference satellite meeting at the XVI International AIDS Conference, held between 13th – 18th August 2006.



NFI's Chief Executive, Shivananda Khan, was one of the founders, and is on the MSMGF Steering Committee as a technical expert (along with 3 other representatives from the APCOM Interim Governing Board). NFI continues to actively support the goals and objectives of the MSMGF. APCOM is also a key and active partner of MSMGF.

From the press release issued during the Toronto conference:

### ***New Global Forum on MSM & HIV to coordinate global response to gaps in HIV/AIDS funding and human rights protections for MSM***

*Toronto, 15 August 2006 — In response to the fact that, globally, only one in 10 men who have sex with men (MSM)<sup>3</sup> have access to basic HIV/AIDS prevention services and even fewer have access to HIV/AIDS care and support, a group of activists today announced the launch of the Global Forum on MSM & HIV. Formed in advance of the XVI International AIDS Conference at “MSM & HIV: Advancing a Global Agenda for Gay Men and Other Men who have Sex with Men” — a meeting of 300 activists, researchers and development workers from high and low income countries on every continent — the Forum will coordinate a global response to the enormous gaps in funding and services that currently exist for MSM living with and at risk for HIV/AIDS.*

*Developed with the input of activists from Australia to Zimbabwe as well as policymakers such as Peter Piot, executive director of UNAIDS, the Global Forum will marshal the efforts of individuals and organisations from all regions of the world to mobilise existing resources and to pressure governments and international bodies to scale up HIV/AIDS funding and human rights protections for MSM.*

*“The impact of HIV/AIDS on MSM continues to be overlooked or simply ignored by most governments and funders around the world, resulting in poor to non-existent prevention and care. There is an urgent need for international action,” says Shivananda Khan, a member of the Global Forum steering committee and the executive director of the Naz Foundation International.*

*While a lack of funding and political will has limited the number of studies on MSM and HIV/AIDS in many regions of the world, a recent report published by TREAT Asia, an initiative of the Foundation for AIDS Research (amfAR), indicates that HIV prevalence rates among MSM exceed 25% in some parts of Asia. Studies from Latin America and the Caribbean, meanwhile, suggest that prevalence rates in that region vary from approximately 10 – 20%<sup>4</sup>.*

*“Seroprevalence estimates among MSM around the world remain among the highest of any group. The international community’s commitment to universal access will mean nothing unless immediate and ambitious action is taken to close the funding and services gap for men who have sex with men,” said Richard Burzynski, a member of the steering committee and executive director of the International Council of AIDS Service Organisations (ICASO).*

*“But closing the funding and services gap will only solve part of the problem. Human rights violations against gay and other MSM — including arbitrary arrests, serious physical violence and even murder — increase their vulnerability to HIV and fuel new infections among them. Human rights abuses also follow infection, exacerbating the impact of HIV/AIDS,” Burzynski added. “International action is badly needed to improve human rights protections from MSM and the Global Forum will be lobbying for exactly that.”*

*The Global Forum brings together, for the first time, gay and MSM groups in both the industrialised and developing world to work together.*

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<sup>3</sup> Coverage of Selected Services for HIV/AIDS Prevention, Care, and Support in Low and Middle Income Countries in 2003. USAID, UNAIDS, WHO, UNICEF, and the POLICY Project. June 2004.

<sup>4</sup> GCPH Report, 2004.

*“Collaboration within and between developing and developed countries is a matter of both solidarity and need — MSM in Canada, the U.S., Australia, and Europe also continue to be disproportionately affected by HIV/AIDS,” says John Maxwell, steering committee member and the director of communications and community education at the AIDS Committee of Toronto. “An emerging issue in multicultural cities such as Toronto, for example, is rising HIV prevalence among MSM in diaspora communities. We need to take a unified, holistic approach to this global problem”*

For more details go to <http://www.msmandhiv.org>.

## The UN system

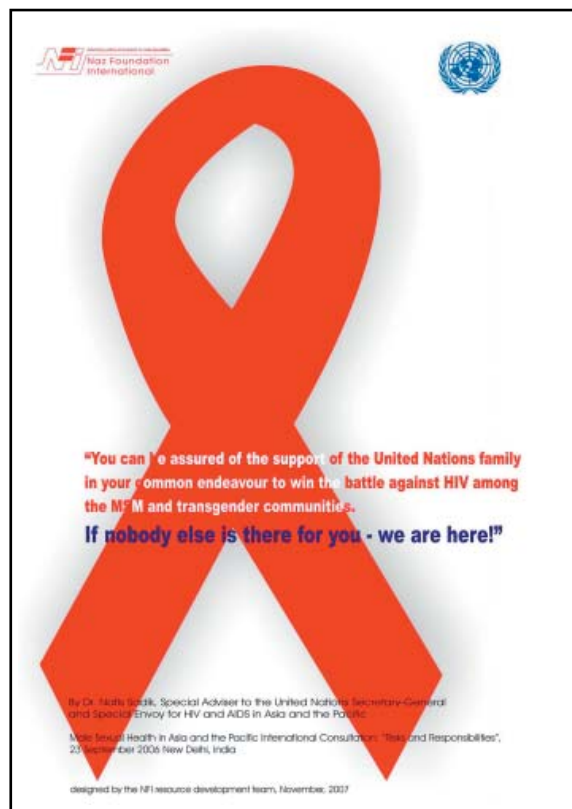
Naz Foundation International is also working closely with UNAIDS, both in regard to the Secretariat in Geneva, as well as the Regional Support Team for Asia and the Pacific in Bangkok. Along with this, NFI is also evolving working relationships with UNDP and UNESCO, two of the co-sponsors of UNAIDS, and we are exploring how this advocacy and work can be expanded to include other co-sponsors.

There is a clear understanding within UNAIDS and some of its co-sponsors that greater effort must be made in regard to MSM and HIV programming, and now is the time to take the initiative to supstream NFI’s advocacy work. We have engaged UNAIDS in both the MSMGF and in APCOM with UNDP and UNESCO also, as partners, and we look forward to greater cooperation and leadership from the UN.

## Other institutions

We have held meetings and discussions with a broad range of institutions, both national and international, in the course of this year regarding the issues, needs and concerns of MSM in terms of their sexual health. They include:

- AIDS Society of Asia and the Pacific
- Asia Pacific Rainbow
- Australian Federation of AIDS Organisations
- Bill and Melinda Gates Foundation
- Canada Mission to the UN, Geneva
- Denmark Ministry of Foreign Affairs, Permanent Mission to the UN in Geneva
- Department for International Development, UK
- Foreign and Commonwealth Office, UK
- Frontline
- Global Alliance for LGBT Education (GALE)
- Global Campaign for Microbicides
- Global Fund to Fight AIDS, TB and Malaria
- Human Rights Watch
- International AIDS Society
- International Council for AIDS Service Organisations
- International Rectal Microbicides Working Group
- Irish AID
- Netherlands Ministry of Foreign Affairs
- Norwegian Aid and Development agency
- Norwegian Ministry of Foreign Affairs, Permanent Mission to the UN in Geneva
- The Coalition of Asia Pacific Regional Networks on HIV/AIDS



- Swedish International Development Agency
- UK Mission to the UN Geneva

We have also engaged in discussions with various National AIDS Control Programmes in Afghanistan, Bangladesh, Bhutan, Cambodia, India, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, along with the relevant UNAIDS country offices in these countries.

## Knowledge management

The role of our Knowledge Management Unit is to:

- Manage the NFI website (<http://www.nfi.net>)
- Manage and develop our Resource Centre and Library based in the Regional Programme Office
- Produce a range of reports and other knowledge materials
- Develop a range of BCC materials in different languages appropriate to the needs of our country partners
- Develop a range of manuals and tool-kits to be used by our country partners to upgrade the skills of MSM CBOs at the local level
- Respond to the knowledge needs of our partners and others as requested

Accessing the NFI website during the year:

Visits	Pages accessed	Files download
149,635	568,728	211,239

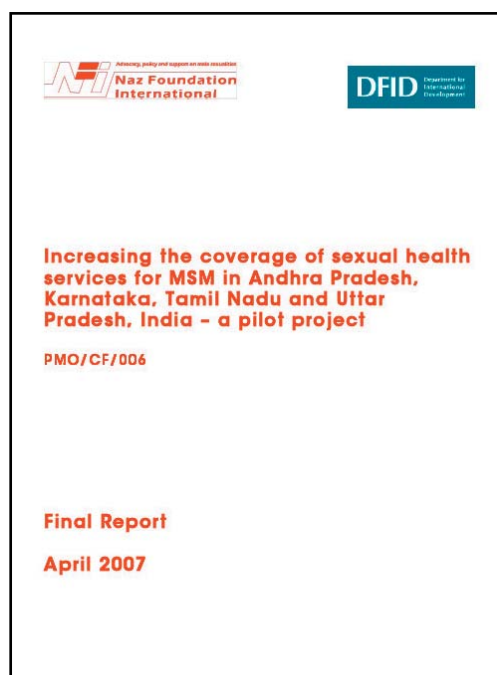
This is almost 30% increase from the previous year.

Currently we are upgrading our website, and will be including a great deal more documentation from NFI.

NFI, with DFID support has published a major photo-book on the lives of feminised MSM in India. “My Body Is Not Mine”, expressing the voices of *kothis* across the country.

A range of reports have been produced:

- Addressing the legal, social and judicial impediments to improving the sexual health of MSM in Bangladesh and India – a end of project report, UK Foreign and Commonwealth Office
- Reducing the risk of transmission of HIV and other sexually transmitted infections amongst males who have sex with males and their partners in South Asia – end of project report, for DFID’s Asia Regional Poverty Fund
- Enhance the capacity of the National MSM and AIDS Human Rights, Policy, and Advocacy Task Force to enable it to train, establish, monitor and coordinate the activities of 13 local Policy and Advocacy Units in 13 cities in India – end of project report, for DFID
- Increasing the coverage of sexual health services for MSM in 4 Indian states – a pilot project – end of project report, for DFID
- Development and field-testing of a low cost lubricant – end of project report, for DFID
- MSM Consultation Meeting report for PSI Myanmar
- Gender, male sexualities and MSM workshop report for Bandhu Social Welfare Society
- Final report for UNAIDS programme support



#### Presentations developed:

- Male-male sexualities in Asia, addressing HIV and AIDS, social exclusion, vulnerability and risk – a presentation to amfAR
- Male intergenerational sexual relations in contemporary South Asia – a presentation
- The effects of the socio-legal setting in South Asia on the rights of MSM – a presentation
- Risks and Responsibilities: preventing HIV epidemics among gay men, and other MSM in Asia and the Pacific

#### Articles written:

- Mainstreaming MSM and HIV (for ASAP's quarterly newsletter)
- Briefing Paper: MSM and Size estimations (for the NFI website)
- Opinion piece on MSM and HIV in Asia and the Pacific - Conspicuous by our absence for a Chinese publication

#### BCC materials:

- Seven new posters promoting wellbeing and positive attitudes among MSM produced in five South Asia languages for use by NFI partners
- Condom distribution packs in five South Asian languages
- Three Booklets on cancer, STIs, and tuberculosis, currently being translated from English into South Asia languages

#### Community Development Tool-kit in different languages

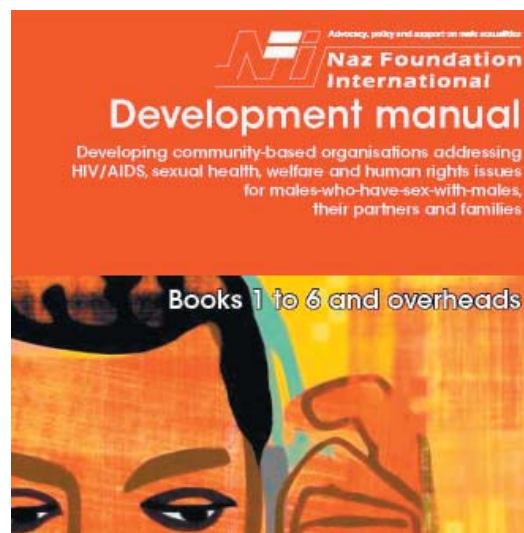
Developing community-based organisations addressing HIV/AIDS, sexual health, welfare and human rights issues for males who have sex with males developed in Hindi, Urdu, Tamil and Telegu:

- Volume 1: Introduction
- Volume 2: Setting the context
- Volume 3: First Phase: Social and needs assessment
- Volume 3A: Overheads for Volume 3
- Volume 4: Second Phase – Implementing and MSM sexual health project
- Volume 4A: Overheads for Volume 4
- Volume 5: Tools for management
- Volume 6: Other resources

#### Pukaar

The NFI international quarterly journal on HIV and AIDS and sexual health, focusing on South Asian masculinities and sexualities.

All these resources are available on the NFI website: <http://www.nfi.net>.



# Press release on the launch of APCOM at the 8th International Congress on AIDS in Asia and the Pacific

## Prioritizing Male Sexual Health in Asia Pacific

*Region-wide coalition addressing HIV and AIDS among men who have sex with men launched*

**22 August, Colombo** – A groundbreaking coalition aiming to build, strengthen, and increase interventions addressing HIV-related vulnerabilities of men who have sex with men (MSM) in the Asia and Pacific region was launched at the 8th International Congress on AIDS in Asia and Pacific (8th ICAAP).

The Asia Pacific Coalition on Male Sexual Health (APCOM), an autonomous, regional coalition of civil society groups, government sector representatives, donors, technical experts and the United Nations system, plans to conduct targeted advocacy with stakeholders, including governments and donors, to improve the HIV policy framework, increase investment and evidenced-based research, scale up programs, as well as the promotion of individual rights of MSM and transgenders.

Despite evidence establishing male-to-male sex as one driving force of HIV transmission in Asia and Pacific region, relatively few MSM interventions strategically focus on prevention, treatment, care and support for MSM and transgender populations. It is estimated by many groups, including UNAIDS, that targeted prevention programmes reach less than 8% of MSM, although up to one third of all HIV cases in the Asia Pacific region are transmitted via sex between males.

Furthermore, almost half (45 per cent) of countries have laws in place that actually hinder the access of most-at-risk groups to HIV prevention and treatment services. And, analysis of national AIDS budgets indicates that even countries with concentrated epidemics often fail to allocate meaningful resources to programmes that specifically address the needs of the populations at highest risk of HIV infection.

“How long can we remain silent spectators in the face of such neglect, particularly when the population at risk is so big in number?” asked Prasada Rao, Director, UNAIDS Regional Support Team in Asia. “Male to male sex is being treated as if it does not exist. The reality is male to male sex occurs in all countries and cultures.”

Aiming to strengthen sub-regional and national networks, and communities of MSM and their organisations, particularly those with fewer resources and within disproportionately adversely affected communities, APCOM will also identify and facilitate the provision of technical assistance, as well as convene governments, researchers, donors and civil society organizations to collaborate in initiating or expanding comprehensive responses to prevent and treat HIV, improve sexual health, and reduce stigma and discrimination in Asia and the Pacific.

“We can only truly address the challenge of HIV, as well as confront stigma, discrimination, violence and social exclusion of MSM and transgenders, if we all work together in our collective, region-wide struggle to reduce the personal, medical and social burden of HIV our communities and societies face,” stated Shivananda Khan, APCOM interim Chair and Chief Executive of the Naz Foundation International.

Opened to regional and sub-regional networks, as well as national networks and individual organizations, APCOM will be governed by a 19-member Governing Board comprised of community representatives from seven sub-regions of Asia-Pacific, including the Pacific (including New Zealand), South Asia (including Mongolia and excluding India), Greater Mekong (GMS), South East Asia (excluding GMS), Developed Asia (Japan, South Korea, Singapore, Taiwan, Hong Kong and Australia), China and India. In addition, the board will consist of representatives from the transgender community, government sector, donors, and a communication advisor. UNAIDS, UNDP and UNESCO will support APCOM as technical advisors.

APCOM is a direct outcome of the Male Sexual Health and HIV in Asia and the Pacific International Consultation held in New Delhi in late 2006. This three-day consultation brought together community members, government officials, policy makers and researchers, to provide an opportunity to inform and develop strate-

gic advocacy initiatives on key policy issues concerning MSM and the transgender community.

The International Humanist Institute for Cooperation with Developing Countries (Hivos) and UNAIDS have provided initial support for APCOM.

# APCOM media release for World AIDS Day, 2007

## New Asia-Pacific statistics reveal an alarming incidence of HIV among MSM

*APCOM ready to play a key role as governments and civil society in the region ponder urgent strategies to tackle the crisis*

**New Delhi/Beijing/Bangkok** - Today, on World AIDS Day 2007, hundreds, perhaps thousands, of men who have sex with men (MSM) will become infected with HIV in cities across the Asia and Pacific, becoming the latest statistics in an almost unrecognised but ever-growing crisis that many governments in the region are only just beginning to grapple with. As these efforts take shape, the Asia Pacific Coalition on Male Sexual Health (APCOM) is offering its partnership to develop and support new strategies aimed at tackling this regional challenge.

Paradoxically, it may be more challenging for APCOM to draw attention to the MSM HIV issue. The recent adjustment downwards of global HIV and AIDS figures has been construed in some quarters as an indication that the AIDS crisis has been “exaggerated” all along. However, APCOM and the stakeholders it represents are urging the Asia Pacific region, and indeed the world, not to confuse the true picture.

Most MSM who contract HIV today in city after city in the Asia Pacific region will never know they harbour the virus until they become ill with advanced symptoms. Without that knowledge, they probably will not change the very behaviours that put them, as well as their partners and loved ones, at risk. A recent survey in a major Asian capital suggested as many as 32% of MSM there are HIV positive. In other cities across the region, HIV infection rates for MSM range from estimates anywhere from 5% to 15% or 20% and higher.

“Despite MSM having higher infection rates than the general adult population, the financial investment for HIV prevention, care and support services for this marginalised group across the Asia Pacific is abysmally low in national HIV and AIDS programme planning, usually between zero and four percent,” says Shivananda Khan, APCOM Chairperson and Chief Executive of the Naz Foundation International. “Less than one in ten MSM in the region have access to any sort of HIV services, woefully short of the eight in ten that UNAIDS describes as optimal coverage necessary for high-risk groups. Is it any surprise then that we really don’t have a clear picture of the true extent of the HIV crisis affecting men who have sex with men?”

Edmund Settle, HIV/AIDS Programme Manager for UNDP China, concurs. “You’ve got these really alarming statistics of ten, 20, 30 percent HIV infection rates among MSM in some major cities, but when you ask whether this picture holds true across other urban centres, or even in suburban or rural areas, the answer’s not at all simple. It ranges from ‘Yes, it’s somewhat likely’ to ‘Well, we’re not really certain’ Still, we do know more today than just a couple of years ago.”

That growing clarity comes from a recent review of available data, soon to be released by UNAIDS, that describes the epidemiology of HIV and sexually transmitted infections (STI), and behaviours of MSM in the Asia Pacific region that put them at considerable risk of HIV and STI. As the paper states: “Severe and established HIV epidemics are found among MSM in some countries while imminent or beginning HIV epidemics were observed in others.” The review also recommends ways to change policy and programming that would confront this challenge and help improve the situation.

“This collection of data in the upcoming review allows us to highlight more accurately than before the extent of the HIV scenario vis-à-vis MSM in our region,” according to Geoff Manthey, Regional Advisor on MSM for Asia Pacific UNAIDS Regional Support Team (RST-AP). “It also comes at a most opportune time, with the recent creation of the Asia Pacific Coalition on Male Sexual Health. We hope that the work of APCOM, and its strength in bringing together representatives from governments, the UN system, donors and NGOs side by side with affected communities will finally make the difference in creating a truly regional strategy to address the MSM HIV crisis - and yes, even though it’s an overused word or sounds like a cliché, this is a crisis, make no mistake about that.”

In 2006, a year before APCOM's creation, JVR Prasada Rao, director of UNAIDS RST-AP, had warned that "data in Asia show that without interventions, male to male sex will become one of the main sources of new HIV infections in the region," He added, "We are facing a public health crisis, but you would never know it from the region's almost invisible response so far" - a fact supported by a UNAIDS report published this past August, Men who have sex with men - the missing piece in national responses to AIDS in Asia and the Pacific.

The China Centre for Disease Control and Prevention (CCDC) recently stated that HIV prevention for MSM was the latest hurdle for the government's drive to curb a fast-rising AIDS epidemic. In fact, China - the world's most populous nation - was the first country in the region to issue a specific national framework on MSM and HIV, which calls for urgent efforts to engage civil society in a concerted effort to reach out to men who have sex with men. China recently reported that male to male sexual transmission now accounts for 12.5 percent of new HIV cases in 2007, up from 2.5 percent in 2005.

Reflecting the growing regional awareness for enhanced surveillance that incorporates epidemiology as well as sociocultural awareness, the Centre for HIV/AIDS/STI (CHAS) in the Laos People's Democratic Republic, has conducted the first survey of HIV among MSM in Laos and will soon be releasing the results. As governments and health partners across Asia-Pacific wake up to the realization that national HIV prevention strategies must include a significant MSM component, APCOM and its partners stand ready to support and strengthen such approaches.

"All of these surveys, these papers, these data and statistics represent hope that our region is making a breakthrough," says Dede Oetomo, who sits on APCOM's interim governing board and is a noted long-time gay activist in Indonesia, a country with limited but successful and well-documented results in HIV and STI prevention among MSM. "However, the good work that's emerged in recent times also serves as a warning that the hard work now really begins. With the multisectoral strength that APCOM provides, we are poised to finally reach out to MSM groups in a way that hasn't been possible before. It's an important, exciting time - full of challenges, yet full of promise. Let's go forward now and get the work done."

## Mainstreaming male-to-male sex and HIV prevention, treatment, care and support services

All across the Asia and Pacific region there are a number of concentrated HIV epidemics among males who have sex with males (MSM<sup>5</sup>), but spending on HIV prevention, treatment, care and support, or service coverage, do not match the urgent need to reduce prevalence.

Thus, in Thailand, which reported an enormous growth of HIV infection among MSM from 17% in 2003 to 28% in 2005<sup>6</sup>, investment in MSM HIV programming was just over 1% of the total national plan spending<sup>7</sup>. This disparity is common across the countries of Asia and the Pacific.

This gross mismatch between need and reality is a clear indication of the denial, stigma, discrimination and social exclusion, confounded by the often harsh victimisation by the state and individuals, that are meted out to those visible MSM, particularly so when many countries have laws that make adult consensual same sex behaviours illegal creating social environments that not only impede the development of appropriate HIV services for MSM, but also impede access to them. For example, in India, in 2001, four people were arrested for “promoting homosexuality” when in fact they were involved in providing HIV prevention services for MSM. This conflict between public health needs and the law enforcement agencies is common throughout the Asia and the Pacific.

At the same time, many males who have sex with males are married, while many also access female commercial sex workers. 42% of the respondents in a survey of MSM in Andhra Pradesh, India were married<sup>8</sup>. A sample of 482 men who had sex with men in Beijing found that nearly two-thirds had sex with a woman, 28 % of them within the past six months<sup>9</sup>. Many MSM also sell sex to, and buy it from women, and may well be married also.

To add to the complexity of the whole issue of male-to-male sex and HIV, sex between males may often happen because it is what is immediately available, for example in prisons or among truck drivers<sup>10</sup>. Those who engage in it also may not think of themselves as homosexual, or even MSM, and in other situations will have sex with women. Along with this, are males who are injecting drug users and who also have sex with other males (a double jeopardy here). And what about male-to-male sex among refugees, mobile populations, in conflict zones, cross border movements, adolescents, and so on? And what about males who have anal sex with females?

Male-to-male sex does not involve a separated and isolated sub-population, one that can be easily identified and targeted. It involves a broad spectrum of males of differing ages, gender and sexual identities, gender performances, risks and vulnerabilities. These males are an integral part of the citizenship of each country, and what they do is not isolated from the general pattern of male sexual behaviours. It involves males who practice a range of same-sex activities who do not have an identity based on same-sex desires, as well as those who do have based on sexual desire, and, or, gender expression.

There is growing evidence to indicate that male-to-male sex outside of those categories of sexual and gender identities is not as uncommon as we would have thought, and that anal sex is a relatively common phenomenon, whether it is between males or between males and females.

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<sup>5</sup> Males who have sex with males/men who have sex with men (or MSM) is an inclusive, public health term to define the sexual behaviour of males having sex with other males, and does not refer to an identifiable community or gender identification. Within this context it is understood that the word “man”/”men” is socially constructed; as well, within the framework of male-to-male sex, there are a range of masculinities along with diverse sexual, gender and transgender identities, communities and networks.

<sup>6</sup> Van Griensven F, Thanprasertsuk S, Jommaroeng R, Mansergh G, Naorat S, Jenkins RA, Ungchusak K, Phanuphak P, Tappero JW and Bangkok MSM Study Group., Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand. *AIDS* 2005, 19:521-526.

<sup>7</sup> HIV expenditure on MSM programming in the Asia-Pacific region, *Constella Futures*, 2006, *Constella Futures*.

<sup>8</sup> Dandona et al, 2005.

<sup>9</sup> Gibson et al., 2004.

<sup>10</sup> Khan and Hyder, 1998.

This lack of recognition of the diversity of male sex behaviours outside the reductionist categories of desire that have framed the sexual health discourse has been exacerbated by the misuse and misunderstanding of the term “men who have sex with men” which was originally invented in the early 1980’s as an epidemiological phrase to identify a group of male who practiced same-sex behaviours but did not identify with the category gay. But this construction forgot the vast diversity of same-sex behaviours and desire categories in the Asia and Pacific that were also different from the gay framework, and the extent of anal sex as a part of the recreational sex repertoire of many males in the region. The term MSM became pervasive, and began to be confused with an identity framework, and thus increased the invisibilisation of male-to-male sex and anal sex as a male sexual practice.

The reality is that shame, denial, invisibility, stigma, discrimination, social exclusion and illegality create an environment where there is little public acknowledgment of the issues, which feeds into a framework of a lack of understanding of the diversity of male-to-male sex, risks and vulnerability, and the lack of data, both epidemiological as well as ethnographic, on which effective programmes can be developed, funded and implemented.

Naz Foundation International believes that in order to comprehensively address the issue of male-to-male sex, as well as the risk of unprotected anal sex has for both receptive males and females, a two-pronged parallel approach is essential.

Firstly, we need to ensure that those males who identify with their sexual behaviours and same-sex desires through a sexual and gender identity, whether they label themselves *kothis*, *hijras*, *katoeys*, *waria*, *metis*, *zenanas*, *apwint*, *apone*, *long hairs*, *short hairs*, *fa’fa’fini*, bisexuals, homosexuals, or gay men (and the list of identities can go on and on), have specialised HIV prevention, treatment, care and support services specific to their physical, mental, psychological, and social needs and well-being, to reduce risk and vulnerability.

But in order to reach their male sexual partners, as well as women who have anal sex, we also need to ensure that unprotected anal sex is included in all HIV and sexual and reproductive health programmes, in terms of education, HIV prevention and treatment for sexually transmitted infection programmes.

This means mainstreaming the issue and the fact of male-to-male sex and anal sex.

This is much more than just mainstreaming MSM, which would involve ensuring that all HIV and sexual health services are also appropriate to the needs of differing sub-populations of MSM, irrespective of their sexual and gender identities or sexual practices. It is much more than just sensitising HIV and sexual health service providers to differing sexual and gender identities and behaviours. It involves much more than involvement of self-identified “MSM” in policy making, planning and implementation of direct sexual health services, appropriate to the needs of MSM.

It actually challenges the practice of compartmentalisation (as well as the whole epidemiological construct) that confronts HIV programming, i.e. separated and isolated programmes and measurement for injecting drug users, female sex workers, adolescents and youth, education, MSM, trafficking, refugees, prison populations, the uniformed services, cross-border mobility, migration, and so on. There is a need to urgently recognise the diversity of male-male sexualities and male sexual practices, and incorporate the reality of such practices and risks within all of their programming and services.

Some female sex workers also have anal sex, and sell sex to women. Some male injecting drug users also have sex with other males, and some even sell sex to other males or females. Some males in prisons have sex with other males, while some males in uniform also have sex with other males, and some may even sell sex to other males. Some male youth will also have sex with other males and some may well be involved in commercial sex with other males and, or females.

A reduction and exclusivist approach to HIV and sexual health can actually increase risk and vulnerability, since such approaches can add to stigma and discrimination and social marginalisation.

What is needed is a combination of specialised services that provide for specialised needs for specific sub-populations, while developing combined services where crosscutting issues are involved. Thus projects providing

services for self-identified “MSM” should also work with those projects providing services for injecting drug users, or sex workers (often the clients of male sex workers may well be clients of female sex workers), or with youth programmes, and so on.

Of course developing effective responses to the wide diversity of social classes and groups, gender identities, marginalised and hidden populations and sexual behaviours encompassed by the term MSM or male-to-male sex will present governments, policy makers and donors with an enormously complex challenge. It will mean visibilising the whole issue of male-to-male sex, of normalising and destigmatising anal sex, of addressing sexual pleasure and recreational sex, of exploring the sexual compulsions that arise from gender segregation, and of addressing laws, policies and attitudes that stigmatise a range of adult consensual sexual activities, amongst other things.

In a comment made at a conference on sexual and reproductive health in Europe a couple of years ago made by Shivananda Khan, he had suggested that the focus on sexual and reproductive health was based on outdated 19th century discourses on sexuality and reproduction which ignored (or denied) the broad diversity of sexualities, masculinities, femininities and, sexual desires and practices. He asked why the anus and the mouth were not seen as sexual organs, and why the focus was only on reproductive sex, where women to a large extent were seen as producers of babies and so little attention placed on recreational sex. After all every act of sex between a male and female does not, and cannot, lead to reproduction. And certainly males who have sex with males are involved in what can only be termed as recreational sex. And in a global picture such males would number in the many millions. There was no answer.

Truly mainstreaming MSM arises from honestly addressing the nature of human sexualities and sexual practices at its core, and the recognition that human beings enjoy sex beyond just a reproductive necessity, and they do so because essentially, for the most part, it is fun. Until we reject the concept that sex is dirty, sinful, shameful and nasty, and somehow less than human, we can never fully achieve the goal of an AIDS free world.



## Our supporters

NFI thanks all our friends, NGOs partners, institutions, and all the many others, both as individuals and as a part of their agency, who have given their support.

Their on-going encouragement, critiques and positive feedback on what is acknowledged to be difficult and sensitive issues is always gratefully received, not only by NFI, but also by those we work with.

Our main financial donors during 2007-8 were:

- Big Lottery Fund, UK
- Canadian International Development Agency
- Elton John AIDS Foundation
- DFID (through their India office)
- HIVOS
- UNAIDS



## Financial summary: 2007-8

### Summary balance sheet as at 31st March 2008

	2007/8 (£)	2006/7 (£)
Fixed assets	1,514	2,216
Current assets	55,649	3,076
Fund balance	40,852	(83,867)

### Summary income and expenditure accounts for year ended 31st March 2008

#### *Income*

	Restricted	
	2007/8 (£)	2006/7 (£)
DFID (Asia Regional Poverty Fund)	-	185,622
Foreign and Commonwealth Office	-	55,102
Elton John AIDS Foundation	57,864	24,075
DFID (India)	72,399	616,112
World Bank	-	61,567
Australian Federation of AIDS Service Org's	-	31,817
Canadian International Development Agency	47,928	41,306
Swedish Int' Development Cooperation Agency	-	52,472
Centers for Disease Control and Prevention	-	28,598
The Ford Foundation	-	13,199
Hivos	87,063	6,649
amfAR	-	5,336
UNAIDS	62,613	-
International HIV/AIDS Alliance	-	5,317
Big Lottery Fund	40,090	42,963
Other	325	250
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	368,282	1,091,208
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#### Unrestricted

	2007/8 (£)	2006/7 (£)
Misc' income	1,929	6,829
Donations	652	1,722
Bank interest	308	506
Exchange gain	1,562	1,517
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	4,451	10,574
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#### *Expenditure*

	2007/8 (£)	2006/7 (£)
Direct charitable activities	225,264	1,078,339
Governance costs	22,750	95,545
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	248,014	1,173,884
	=====	=====



## Our ethical policy

NFI will fully consider the implications of males who have sex with males, for themselves, for any male or female sexual partners such males may have, and for any clients of those males who do sex work.

In this work NFI will be guided by the principles that we will:

- Promote the reproductive and sexual health of males who have sex with males by encouraging sexual responsibility and safer sexual practices
- Encourage males who have sex with males to access STI treatment whenever necessary
- Respect confidentiality in the relationship between males and their sexual partners and, or clients
- Promote the protection of children and non-consenting adults from abusive sexual relationships
- Promote the reproductive and sexual health of any female partners of MSM by encouraging greater sexual responsibility of their male partners
- Encourage communication of sexual health information between sexual partners and promoting partner notification of STI/HIV infection, irrespective of the gender of the partner
- Collaborate with female reproductive and sexual health services in order to ensure appropriate services for the female partners of males who have sex with males

